Medical Economics

Tax law interpretations that will save you money ... pp. 99, 176, 309

MAN

ver-

asic vesteach ems. ding ctors ning. for intry their EDImed -not "the er a nterwe'll hen emrves iterouse nose

Bentyl 2 capsules t. i. d.

for direct,

fast relief of

Spann Spann

direct relief with minimal side effects fast relief even when other antispasmodics fail

Merrell Since 1828 i Berome, L. Canad. M. A. 1 09 532 1053 8 Hordin, J. H., et al. South. M. J. 47 1180, 1984

THE WM & MERRELL COMPANY New York - CINCINNATI - St. Thomas, Ontario

Medical Economics

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, MAR., 1957

SPECIAL FEATURES

I Built My Practice on a Pay-by-the-Year Plan....104

This physician offers all his patients full medical care for a fixed annual fee. How does he manage it? Here's his eye-opening story—top among those written for the 1956 MEDICAL ECONOMICS Awards

Why don't treating physicians and consulting physicians always review X-ray and laboratory findings together? If they don't do it together, they may hang separately—as this real-life case shows

Yardsticks for Your Practice117

The seventh in a series of reports based on MEDICAL ECONOMICS' 8th Quadrennial Survey, to which 10,919 M.D.s have contributed data

Spotlight on the Salaried Doctor118

He earns only about seven-tenths as much as the typical self-employed physician. But the salaried man has compensations for his lower income, Among them; ten hours more free time per week

-MORE

Copyright © 1957 by Medical Economics, Inc. All rights reserved under Universal and Pan-American Copyright Conventions. Published monthly at Oradell, N.J. Price 50 cents a copy, \$5 a year (Canada and foreign, \$6). Circulation, 146,000 physicians. Accepted as a controlled circulation publication at the Post Office at Rutherford, N.J.

... part of every illness

ANXIETY

is part of

B723.5 AIN4

PEPTIC ULCER



In every patient . . . a valuable adjunct to the customary therapy

Supplied: Tablets, 400 mg., bottles of 50.

Usual Dose: 1 tablet, t.i.d.

anti-anxiety factor with muscle-relaxing action



Philadelphia 1, Pa.

Bulland MEPROBAMATE

(2-methyl-2-n-propil-1,3-prispanetoi disarbanate)

(1-methyl-2-n-propil-1,3-prispanetoi disarbanate)

(1-methyl-2-n-propil-1,3-prispanetoi disarbanate)

SPECIAL FEATURES (Cont.)

How They Fare in Partnerships and Groups 122

They fare better than the typical solo physician. One big reason is that the man in combined practice sees 25 per cent more patients a day

The Woman Doctor's Economic Status 126

She earns little more than half as much as her male colleagues. Why the big differential? This survey report suggests some of the answers

Is Reuther Bluffing Medicine?130

The labor leader is devising one of the most comprehensive closedpanel plans. If he means business, Blue plans may be in for trouble

'We Pack 'Em In at Our Medical Meetings'144

These doctors have proved that a ten-point plan bristling with bright ideas attracts a higher percentage of their society's members

He Lost His Patients to Closed-Panel Plans164

Ever wonder whether you'll feel the pinch of closed-panel competition? This case highlights a danger that may be nearer than you think

Canada Moves Toward a Federal Health Plan ... 210

Seeing the writing on the wall, Canadian doctors are reconciled to state hospitalization insurance. They hope it'll stave off worse

Should the Patient 'Profit' From Sickness? 268

Multiple insurance coverage poses a fee problem for many M.D.s. Can something be done about it? One state's doctors say yes

MORE

00

On Television, Wednesday, March 20



Photo-micrograph of blood flow in capillaries of frog's retrollingual membrane, taken by Dr. George P. Fulton and Dr. Brenton R. Lutz of Boston University. Shows red blood cells being squeezed into single file in narrowest capillaries where gaseous exchange with tissues takes place. Magnification is 500X.

"Hemo the Magnificent"

... the second in a series of television programs to promote public interest in selected scientific subjects

Last November you may have seen "Our Mr. Sun," the first in a new series of TV shows about science. It was widely acclaimed by educators, scientists and the general public.

"Hemo the Magnificent"—the second in this series—deals with the circulation of the blood. Every effort has been made to make this subject completely authentic and scientifically acceptable, yet interesting and instructive to the layman.

Scientific accuracy is assured by a Scientific Advisory Board and the following distinguished medical advisers: Dr. Maurice B. Visscher, Dr. Chauncey D. Leake, Dr. Gordon K. Moe and Dr. Allan Hemingway, The program was produced and directed by the Academy Award-winning director Frank Capra.

We invite you to see this unusual program. We believe you will find it a fine example of television that serves the public interest.

In color and black and white on the CBS-TV network, Wednesday, March 20, 9-10 P.M., E.S.T.
Please check your local listing for time and station

Sponsored by Bell Telephone System

YOUR PRACTICE

Do you ever let fear of a lawsuit warp your diagnoses, treatments, or prescriptions? Too many doctors do, this medical man says

Why Some Specialists Get More Referrals222

They try to know the family doctor personally and to respect his rights at all times, says this general practitioner. For instance . . .

When You Make a Mistake 236

'We all do,' this thoughtful physician reminds you. And he offers some helpful suggestions about the soul-searching that comes afterward

When talking with patients, you often have to change from friendly counselor to austere authority—or vice versa. It takes some doing —but smoother patient relations make it worth the trouble

YOUR FINANCES

See How You Rate on This Tax-Savings Test99

If you get a high score on this quiz, you're probably all set for maximum tax savings. You'll find the correct answers on page 102

Five Steps to Take Before You Make a Will 134

These easy-to-follow suggestions from a well-known lawyer show the best way to begin arranging for wise disposal of your property. They'll be a big help in guarding your family's financial future

MORE

d flow

iton

ezed

IX.

11



for a preschool galahad

Deca-Mulcin[®]

for routine use-comprehensive protection

10 nutritionally significant vitamins
Assured stability including B₁₃
Delicious orange flavor
Easily administered teaspoon dosage
No refrigeration required
Pouring-lip bottles of 4 and 8 ounces

it's easy to specify the DECA vitamin family in the vital first decade

DECA-VI-SOL® - DECA-MULCIN - DECA-VI-CAPS®

- · one name to remember-DECA
- · one basic formulation
- one standard of comprehensive protection

MEAD JOHNSON

SYMBOL OF SERVICE IN MEDICINE

6 MEDICAL ECONOMICS · MARCH 1957

0295

YOUR FINANCES (Cont.)

The Tax Errors You're Most Likely to Make176

One illegitimate deduction, or one failure to substantiate a legitimate one, can bring on a full audit. Here are the commonest mistakes

You can get profits as well as peace of mind by gearing your investment program to one of these semi-automatic buy-and-sell plans

If you're reporting dividends, interest, or capital gains next month, you'll want to save all the law allows. Here are some tips

SHORT FEATURES

M.D.s' Mortality: Better Than You Think 111

Yes, physicians are beating the mortality averages. But two causes of death still rate the special label of 'doctors' diseases.' Sooner or later, they kill more than half of all M.D.s

In this inspired playlet, the author shows what might happen if physicians routinely told their patients what they really think

Here's a list of some of next summer's more important meetings, as compiled with the help of the World Medical Association. If you're planning an overseas vacation, this schedule may come in handy

MORE

CAPS*

ECOTRIN* (S.K.F.'s Duentric*-

aspirin upset in 94% of arthritis patients with histories of gastric intolerance to aspirin¹

Sprecher¹ administered 'Ecotrin' to 32 arthritis patients with histories of gastric intolerance to aspirin. Symptoms of aspirin intolerance ranged from mild dyspepsia to severe epigastric distress. Sprecher states that 30 of the 32 patients "reported no gastrointestinal disturbances of any kind from ['Ecotrin'] and no other side effects."

Ecotrin's 'Duentric' protection is achieved with a newly developed acid polymeric coating. Because this unique coating is resistant to acid secretions, it allows the aspirin to pass intact through the stomach, thereby preventing irritation of the gastric mucosa. In the alkaline small intestine, the 'Ecotrin' tablet disintegrates promptly, affording the full therapeutic effect of aspirin.



Available in 5 gr. 'Duentric'protected tablets, bottles of 100.

Smith, Kline & French Laboratories, Philadelphia

1. Sprecher, A.G.: Am. Pract. & Dig. Treat. 7:1801 (November) 1956

*T.M. Reg. U.S. Pat. Off. | Trademark

DEPARTMENTS News NEWS Lay Hospital Boards Are Called Outmoded 14 'You're to Blame When Patients Don't Pay' 14 Government's New No. 1 Physician Takes Over 15 Do Your Fees Reflect Changing Incomes? 17 Two Country Doctors Get Spectacular Publicity 18 The Shifting Balance of Private Medical Practice 18 How to Make Your Fees Legally Binding 20 New Book's Superlatives Make Medical Small Talk 352 Physicians Urged to Write Postoperative Letters 354 Surcharges by Physicians Still Causing Trouble 364 VIEWS

Breaking the Hurry Habit

Hospital Staff Standards 79

mark

ric'-

MORE

Signamycin

added certainty in treatment of respiratory infections

new multi-spectrum synergistically strengthened antibiotic formulation SIGMAMYCIN adds certainty in antibiotic therapy, particularly for the 90% of patients treated at home or in the office where sensitivity testing may not be practical, and provides: a new maximum in therapeutic effectiveness, a new maximum in protection against resistance, a new maximum in safety and toleration.

Supply: Capsules, 250 mg. (oleandomycin 83 mg., tetracycline 167 mg.). Bottles of 16 and 100.

. . . and for a new maximum in palatability

New mint-flavored Sigmamycin for Oral Suspension, 1.5 Gm. in 2 oz. bottle; each 5 cc. teaspoonful contains 125 mg. (oleandomycin 42 mg., tetracycline 83 mg.).

Pfizer Prizer Laboratories, Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N.Y.
World leader in antibiotic development and production



"...effective...in the treatment of a variety of infections seen regularly by the practicing clinician..." including pharyngitis, bronchitis and other respiratory infections

and "... often useful in the treatment of infections due to staphylococci resistant to one or several of the regularly used antibiotics"

"side effects . . . (are) notable by their absence" 1

1. Carter, C. H., and Maley, M. C.: Antibiotics Annual 1956-1957, New York, Medical Encyclopedia, Inc., 1957, p. 51.

Medical Economics

EDITOR William Alan Richardson

EXECUTIVE EDITOR R. Cragin Lewis

COPY EDITOR
Donald M. Berwick

ons

e 90%

ay not

ness, a

safety

mg.).

e; each

mg.).

. N. Y.

ASSOCIATE EDITORS
Lois Hoffman, William N.
Jeffers, Arthur M. Owens,
Thomas J. Owens, Hugh C.
Sherwood

RESEARCH DIRECTOR
Lois R. Chevalier

ART DIRECTOR
Joseph Coleman

CONTRIBUTING EDITOR Henry A. Davidson, M.D.

EDITORIAL CONTRIBUTORS John E. Eichenlaub, M.D., Helen C. Milius, Claron Oakley, Edwin N. Perrin

EDITORIAL ASSOCIATES Jean E. Fitzpatrick, Jane Theberge, R. W. Tucker

EDITORIAL ASSISTANTS Gisela Farber, Elizabeth N. Otto, Nancy J. Sittig

ART ASSOCIATE Victor Carley

J. E. Van Hoven

NBP

PUBLISHER
Lansing Chapman

GENERAL MANAGER W. L. Chapman Jr.

SALES MANAGERS
Douglas B. Stearns, Phillips
T. Stearns
PRODUCTION MANAGER

224

PICTURE CREDITS: Cover, 99, Rube Goldberg; 15, Fabian Bachrach, S. Stanton Singer; 101, Irv Hagglund; 104, 111, 192, 257, 268, Volk Corporation; 109, Robert Tupper; 117-128, 176, Robert Guidi; 134-140, 144, 309, Al Kaufman; 164, 240, Victor Carley; 173, 206, H. W. Pierce; 190, George Davis; 198, Stanley Stamaty; 202, 222, 236, Paul Hoffmaster; 218, B. Wiseman; 233, John Gallagher; 248, Joseph Farris; 318, Bo Brown; 344, Rodrigues; 347, Fred Hess & Son.



Mrs. Diet Devicer is a Vitamin Slicer

10 important vitamins in each tiny Dayalet:

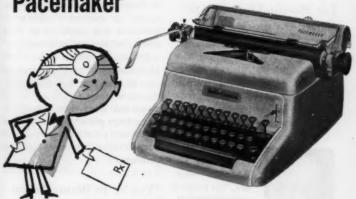
Vitamin A., 3 mg. (10,000 units	Š
Vitamin D., 25 mcg. (1000 units	s
Thiamine Mononitrate 5 mg	R
Riboflavin 5 mg	
Nicotinamide 25 mg	Ē
Pyridoxine	
Hydrochloride 2 mg	
Vitamin B ₁₂ 2 mc	ķ
(as cobalamin concentrate)	
Folic Acid 0.25 mg	
Calcium Pantothenate 5 mg	
Ascorbic Acid 100 mg	Š

She's been on so many fad diets that she's inventing her own. Poundage loss is her goal—nutrition take the hindroad. Pretty soon, she'll be around to see you, wondering what hit her. While you're getting her off her one-track menu, keep Dayalets in mind. They're potent, easy-to-take . . . and will help her along the road to sounder—and saner—nutrition.

Dayalets®

SURE CURE FOR AILING OFFICE WORK

The low-cost Smith-Corona **Pacemaker**



Here's just the typewriter to give all your correspondence, office work and billing that crisp, sharp professional look . . . at a price that's lower than any other comparable machine on the market. Rugged construction, feather-light touch, and unparalleled simplicity of operation . . . plus "more-for-themoney" features like these:

Quickset Margins - Fast, simple and dependable.

Customstyled Keyboard - For faster, easier typing.

Error-Control - Permits half spacing, to insert missing letters or spaces. Full-Width Tabulation - Saves correspondence time.

Call your local Smith-Corona dealer for a demonstration!

Smith-Corona Inc

Syracuse 1 New York

MEDICAL ECONOMICS · MARCH 1957 13

e's in-

e'll be

t her.

menu, easy-

ad to

t

Merrs

Lay Hospital Boards Are Called Outmoded

Staff doctors should have more voice in hospital management, says Dr. Carl Bearse, for one simple reason: "It's the medical staff that brings in the money..."

Lay governing boards were logical in times past, when hospitals

were primarily for the sick poor. But today, Dr. Bearse continues, "the hospital caters to all, [and] hospital income comes largely from the private patients." It's this shift that makes it hard to



Bearse

understand why "the lay boards still want no change in control."

Dr. Bearse believes a hospital's governing board should include "at least three physician-trustees with staggered terms...elected by the staff." It would be well, he adds.

"if these physicians were not permitted to succeed themselves otherwise they might get to think and act like lifetime lay trustees . . ."

Dr. Bearse, who is editor of the Massachusetts Physician, views his plan as a way of improving staff-trustee relations. Over the years, he points out, this system "would permit a large percentage of the staff to serve on governing boards and to become better informed of trustees' problems."

'You're to Blame When Patients Don't Pay'

The most frequent cause of bad collections is bad collecting. And the time to lay the groundwork for good collecting is during the patient's first visit. That's the way Dr. David G. Welton of Charlotte. N.C., sums up the importance of medical-office credit control.

Conceding that "the typical doctor has an aversion to credit checks," Dr. Welton still feels that such a doctor owes it to himself to dev from It

> fan wo em tur

ver

tha

exa

firs Dr ties the develop credit-consciousness in front-office personnel.

It takes just about two minutes to appraise a new patient's ability

per-

es-

hink

f the

s his

staff-

s. he

per-

staff

id to

tees'

n

bad

And

for

pa-

Dr.

otte.

e of

loc-

edit

hat

f to

and will to pay, he points out: "Where the patient lives tells part of the story. The smart girl asks how long he has lived there, [since] grasshoppers are often financially unstable . . . Size of

family is another indicator. Place of work, job done there, and length of employment help fill out the picture . . . The girl's art lies in conversing about these things rather than in staging a terrifying crossexamination."

Getting good credit data is the first step toward better collections, Dr. Welton believes. Giving patients more opportunity to pay is the second step. He deplores the fact that doctors so rarely "tell the patient the charge then and there . If nobody wants to say straightforwardly, 'That will be \$25, Mr. Jones,' it can be done by some such simple mechanism as a charge slip."

This helps establish a two-sided bargain; and "people feel more compulsion to keep a bargain than [simply] to pay a bill."

Government's New No. 1 Physician Takes Over

"The average practitioner has the



McGuinness

feeling that people in Government don't really know what he's up against. I think it's very fortunate, for that reason, that I've had this recent experience of working with hospital staffs

and of dealing with everyday medical problems."

That statement reflects the down-

Snapshots

SALK VACCINE SHOTS have become a "fringe benefit" for a good many workers in industry. They're getting the series of three inoculations free—and on company time and premises. Most of the companies making this offer call in private physicians to give the shots.

MARKS DON'T MATTER as much as they used to in premedical education. Medical schools are selecting young men they think will make good M.D.s even if their scholastic records aren't outstanding. As a result, students who averaged C in college comprised 14 per cent of all medical-school freshmen last year.

LAY HEALTH AGENCIES are sometimes said to lack guidance from practicing physicians—but not in San Francisco. That city's forty-six voluntary health agencies have a total of 908 local citizens on their boards, and 209 of them are M.D.s.

FOR FORGETFUL PATIENTS: Some doctors are now having their appointment reminders printed on pressure-sensitive labels. Patients can then stick them on a bedroom or bathroom mirror where they can't be overlooked. to-earth attitude of Dr. Aims C. McGuinness, who now holds the highest medical post in Government: special assistant for health and medical affairs in the Department of Health, Education, and Welfare.

The "recent experience" he refers to was gained as clinical director of ten United Mine Workers hospitals and, later, as a pediatrician in private group practice. He gave up the latter regretfully: "But when this opportunity came along, the challenge was too great to pass up..."

What's his outlook on the highlevel problems he now faces? Here are his answers to a few questions asked him by MEDICAL ECONOM-ICS:

On the problem of financing the medical care of low-income groups: "We all hope voluntary insurance can handle it. One thing every doctor can do is to make sure his own patients are covered. He should become a more active promoter of health insurance. It's helpful to his practice and to his patients."

On the problem of financing medical education: "The medical schools urgently need help. I can say that with feeling, because I was a dean once. We hope to get Federal aid for them this year."

On whether such aid will hurt the schools: "The Hill-Burton program hasn't hurt hospitals. The Federal aid program for medical any does shou score

scho

Do Cha Mos

iovii

white pince type and in a Pack signs wor.

ager grad The Tim ferir \$4,5 ter.

\$10

\$5,5 accorporation

offe mal school construction wouldn't be any different. Putting up buildings doesn't influence policy. Medicine should have nothing to fear on this score."

Do Your Fees Reflect Changing Incomes?

is C.

s the

vern-

ealth

part-

and

e re-

irec-

kers

atri-

. He

"But

ong,

pass

igh-

Here

ions

OM-

the

ups:

nce

doc-

own

be-

of

his

cing

ical

can

was

ed-

urt

ro-

The

cal

Most blue-collar workers are enjoying excellent earnings. Most white-collar workers are feeling the pinch. Doctors who deal with both types will find food for thought—and perhaps ideas for fee-setting—in a comparative analysis by Vance Packard, lately of Collier's. Some signs of the times:

"Last summer, while steel workers were averaging more than \$100 a week base pay, a major airline advertised for reservation agents. It said it wanted 'university graduates' with sales experience...

The pay: \$65 a week...

¶ "Last August The New York Times carried side-by-side ads offering approximately the same pay: \$4,500 a year. One was for a porter. The other was for a psychologist with a master's degree.

¶ "A New York firm offered \$5,500 for a loan administrator-accountant who could analyze corporate financial standings and who could also deal with high-level executives. A \$3-an-hour hod carrier ... would have to pass up such an offer, [even if] qualified. He couldn't make the sacrifice." [MORE]

Snapshots

MORE DOCTORS OWN FORDS than any other make of car, according to a past MEDICAL ECONOMICS survey. But now the Ford Motor Company reports a new straw in the wind: Doctors have bought 10 per cent of all the Continental Mark II autos sold. The car costs \$10,000.

SEARCH FOR A DOCTOR seems to have ended for the 1,100 residents of Tangier Island, twelve miles off-shore in Chesapeake Bay. The community conducted a two-year hunt for an M.D. who'd come there, finally found its man in Japan.

TAXPAYER'S BURDEN has been lightened by a trifle: Checks in payment of Federal income taxes no longer need be made out to "District Director of Internal Revenue."

Make them out to "Internal Revenue Service" instead.

THIS ISN'T THE TIME to get a home mortgage if you can possibly postpone it. Interest rates as high as 7 per cent are being charged. Mortgage loans at rates as low as 5.25 per cent are still available—but only for new homes in the best locations where the owner puts up half the purchase price in cash, as a rule.

These items dramatize the rise of the blue-collar workers. Among those now doing outstandingly well, Packard lists bricklayers, factory foremen, truck drivers, printers, masons, carpenters, and painters. It's the rise of this class, he adds, that explains why "the average total income of U.S. families exploded upward by a full third between 1947 and 1955—from \$4,130 to \$5,520."

For white-collar workers, it's a different story: "The new relatively

poor include bank tellers...and income-tax collectors..." As Packard notes, this adds up to "a basic shift in traditional income patterns."

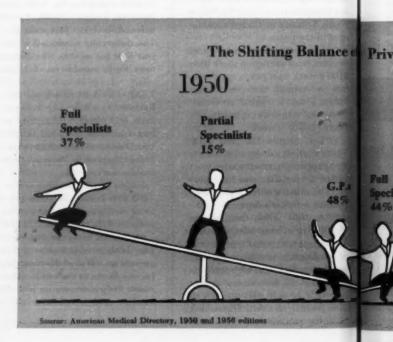
Two Country Doctors Get Spectacular Publicity

A multi-page ad in a mass-circulation magazine costs hundreds of thousands of dollars. So it's news when an advertiser devotes that kind of space to the story of two

eral M four p (and severa "how their their

count

and Mis Mil seems hard payin chicke



18 MEDICAL ECONOMICS MARCH 1957

country doctors. That's what General Motors did last month. It took four pages in the Reader's Digest (and two pages in Life, Time, and several other publications) to tell "how two country doctors gave their village a shot in the arm..."

. and

Pack-

basic

pat-

Get

cula-

ds of

news

that

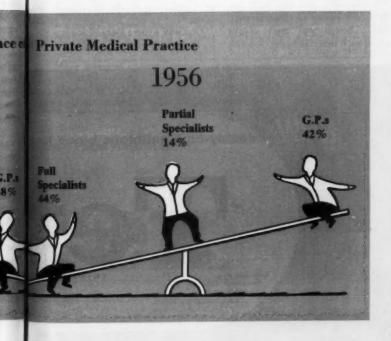
two

The doctors are John S. DeTar and M. Ray Hannum. The village is Milan, Mich. Ten years ago, it seems, Milan was suffering from hard times. Local farmers were paying their doctors' bills with chickens, eggs, or bacon. Dr. De-

Tar had a family, so he didn't mind. But Dr. Hannum—a bachelor—found himself with more farm produce than he could use.

Dr. Hannum figured that Milan needed outside money. This meant it needed some sort of manufacturing plant to produce things that could be sold out of town. So he persuaded some of his huskier patients to work off their bills by helping to put up a factory building.

Meanwhile, Dr. DeTar talked some of his medical-school class-



mates into putting up the necessary capital. The result was Wolverine Plastics, Inc., which now employs more than one-fifth of Milan's entire working population.

So today Milan has prosperity; General Motors has a new supplier of plastic parts; and the two doctors have the satisfaction of a civic achievement that more than 20,-000,000 readers know about.

How to Make Your Fees Legally Binding

"Occasionally, you and your patients are bound to disagree over fees. Though you can't always avoid such disagreements, you can prepare for them. Then, if you ever have to resort to law, at least you'll be likely to win."

fe

0

te

п

W

li

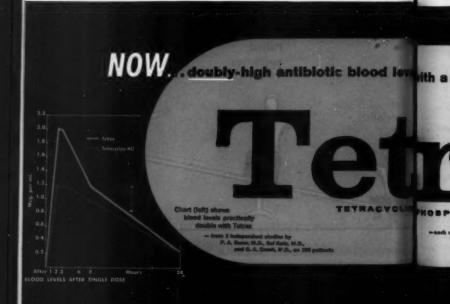
fe

n

That's how a lawyer looks at medical fee-setting—the lawyer in this case being William M. Kunstler of New York. The best thing you can do to make your fees legally binding, he says, is this:

"Reach a fee agreement with your patient in advance of treatment. If the fee is a sizable one, put your agreement in writing. Any such agreement is admissible as evidence in court and usually results in a judgment in the physician's favor."

One way to arrange this, Kunstler suggests, is to "agree orally on a



fee and then send a letter or memorandum to the patient confirming it. Unless the patient protests shortly after receiving the letter, it has roughly the same effect as a signed agreement. A dated carbon copy, together with the doctor's testimony, is usually sufficient proof to win any court case."

Of course, a simple oral agreement is legally binding too. But without any written proof, Kunstler points out, "it may then become a question of whether a jury believes you or the patient." So it's important to note the agreed-upon fee on the patient's record. "Such notations will give you a valuable assist if you ever have to present

your side of the story in court," Kunstler says.

Whether your prior agreement is written or oral, "don't forget to qualify it by providing for a fee increase if the case turns out to be more complicated than you anticipated," says Kunstler. He tells of a New York doctor who raised a previously-agreed-upon fee for this reason. He wound up in court trying to collect. The judge was sympathetic—but the physician lost. Reports Kunstler:

"The judge stressed the fact that 'the plaintiff could have protected himself by making his fee conditional upon a routine recovery.'"

What if you make a fee agree-



ment with an apparently povertystricken patient and later he turns out to be well-to-do?

"If the patient demonstrably lies to the doctor in order to get a lower fee," Kunstler says, "most states permit the doctor to recover additional compensation. But this doesn't apply to patients who come into money after you've agreed on a fee."

V.A. Cuts Red Tape in Home-Town Care

If you're one of the 40,000-plus physicians participating in the V.A.'s home-town care program, here's welcome news: Your paper-

work has been cut considerably. According to the V.A.'s latest rules:

1. You no longer have to ask for payment on V.A. claim forms. Your regular billheads will suffice.

2. You can now get authorization to treat veterans with chronic conditions for a full year ahead, instead of just one month. And progress reports, heretofore a monthly requirement, now need be made only once a quarter.

3. In emergencies, if you've got long-term authorization, you're now permitted to treat the veteran first, then tell the V.A. This will no longer jeopardize your right to be paid. [MORE NEWS ON 347]

Bellergal Spacetabs.

For Your Menopause Patients who complain of...

Hot Flashes, Sweating, Palpitation, Nervous Stomach, Dizzy Spells, etc.

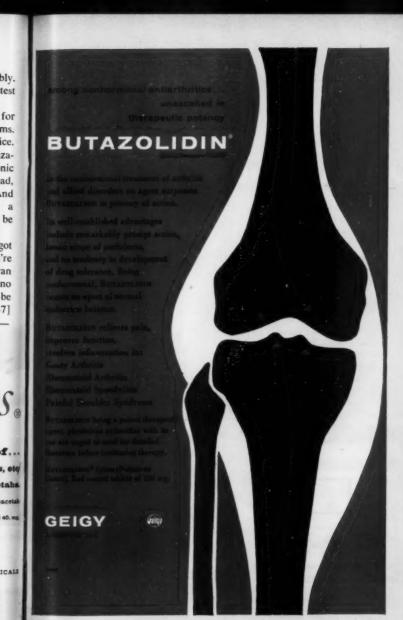
Best' Benefited by 'round-the-clock control with Bellergal Spacetabs

Proven safe in more than 3400 Published Cases / Dosage: 1 Bellergal Spacetab

in the A.M. and I in the P.M. /Each contains: Ergotamine tarirate 0.6 mg., Bellafoline 0.2 mg., Phonobarbital 40. mg

SANDOZ PHARMACEUTICALI
HAROVET, NOW JETESY

ACIOSTO HARDOSS)



MEDICAL ECONOMICS · MARCH 1957

bly. test for ms.

ice. zanic ad, and a be

got 're an no be 7]

£ ... i, etq tabs. acetab

THE CH.C.M.J. ULTRASONIC THERAPY UNIT

Outstanding achievement in ultrasonic therapy...

This superb unit affect the altimate in the clinical provision of altreasms energy, for effective therapy in a wide variety of seasofs applications.

It incorporates a generator of expeciently high quality construction, that delivers is million-cycle-persecond electric current to a quarte crystal bound in the easily manipulated transducer. This crystal, constally selected for epitical and electrical axes and meticulausly-ground, vibrates in phase with the electric current, producing ultrasonic waves of accurately calibrated frequency.





Desage intensity up to 3 watts per square continues is easily regulated by a single knob, and is like constant regardless of variations in line valteginput. Total autput is 20 acoustical watts.

A timer switch with automatic shut off can be set for up to 15 minutes of application.

See it at your dealer or write for complete information

American Cysloscope Makers, Jnc.

BACK

RED IMPROVES FU

tlexin

(Zoxazolamine,* McNeil)

engestic coated or plain

"...17 of the 20 patients with post-traumatic muscle spasm of the low back had excellent or good responses."

"In acute and chronic recurrent low back syndrome, seven of eight patients showed visible objective improvement."²

1. Wallace, S. L.: Zoxazolamine (FLEXIN) in Low Back Disorders, to be published. 2. Settel, E.: FLEXIN in Geriatric Skeletal Muscle Spasm, Am. Pract. & Digest Treat., in press.

Available: Tablets, Engestic Coated, pink, 250 mg.; bottles of 36. Tablets, scored, yellow, 250 mg.; bottles of 50.

*U. S. Patent Pending

McNEIL

McNeil Laboratories, Inc . Philadelphia 32, Pa.

91117



for faster and highelial t

now...the new phosphalom

SUM

the broad clinical spectrum of Sumydainst

Gram negative bacteria

Large Viruses	Rickettalas	Preteut	Shigella	Salmonella	Coliforms	Hemoph	eria	
	Mile Come?					200	and the	
	and be taken			Alexander Section				

Minimum adult dose: 1 capsule q.i.d. Each Sumycin capsule contains the equivalent of 250 mg. tetracycline hydrochloride. Bottles of 16 and 100.

SQUIBB



Squibb Quality the Priceless Ingredient SUMY

BUMY

SUMY

nightial tetracycline blood levels

hatemplex of tetracycline

Squibb Tetracycline Phosphate Complex

myclainst pathogenic organisms

	Gram	positive b	acteria				
ieria	Streptococci	Staphylococci	Pneumococci	Spirochetes	Endamoeba histolytica	Actinomyces	
							١

SUMYCIN the new phosphate complex of tetracycline

SUMYCIN a single antibacterial antibiotic

SUMYCIN a well tolerated antibiotic

SUMYCIN a true broad spectrum antibiotic



for: professional men

hand-shaped°

suits and sport jackets

'HAND-SHAPED' apparel is gentlemanly in manner—as befits your place in the world . . . a touch luxurious—after all, you've earned the right to it . . . and still very fairly priced—suits from \$85, sport jackets from \$60. Write us for the name of a fine store near you that stocks them. They're available only under these labels:

"More care
when we make them—
means greater pleasure
when you wear them!"



GROSSMAN CLOTHING COMPANY 79 5TH AVE. NEW YORK

28 MEDICAL ECONOMICS · MARCH 1957



THORAZINE*

one of the fundamental drugs in medicine

The value of 'Thorazine' in many widely diverse fields of medicine is based on three principal therapeutic properties:

1. its profound antiemetic effect,

ter

60. m.

K

XUM

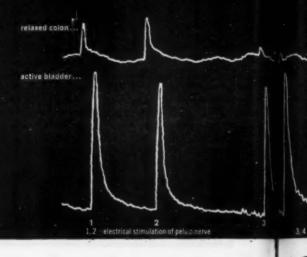
2. its ability to potentiate anesthetics, narcotics and sedatives,

and most important of all,

3. its effectiveness in alleviating anxiety, tension and agitation—without dulling mental acuity.

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.



for functional and organic colon disorders

effective, selective therapy

Selective action focused on the colon avoids widespread interference with normal autonomic function. In most studies no significant side effects attributable to CANTIL were encountered. Less than 10 per cent of patients had any complaints. Drynes of the mouth occurred in some patients but this was usually mild or moderate and often transitory. Blurring of vision was noted occasionally, most often in ulcerative colitis. Urinary retention was extremely rare.

How to use CANTIL Prescribe one or two tablets three times a day, preferably with meals, and one or two tablets at bedtime for patients with ulcerative colitis, irritable colon, mucous colitis, spastic colitis, diverticulitis, diverticulosis, rectospasm, diarrhea following G.I. surgery, bacillary and parasitic disorders

CANTIL-two forms

CANTIL (plain) — 25 mg. of CANTIL in each scored tablet — bottles of 100.

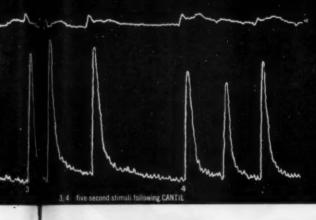
CANTIL with Phenobarbital — 25 mg. of CANTIL and 16 mg. of phenobarbital (warning:

may be habit forming) in each scored tablet — bottles of 100.

CANTIL is the only brand of N-methyl-3-piperidyl-diphenylglycolate methobromide.

For more detailed information, request Brochure No. NDA 16, CANTIL Lakeside Laboratories, Milwaukee 1, Wisconiin





Cantil for the colon

Clinical results from reports on 309 cases

II HOFIIM
CANTIL
Drynes
and often
Icerative
nely rare
bly with
ve colitis,
tospasm,
lisorden.

CANTIL

pain

curbs diarrhea

restores

cramps

bloating

normal tone

and motility

disorden

warning: s of 100. bromide , CANTIL Visconsin

KESIDE

number improved number of patients diagnosis 42 ulcerative colitis 32 40 spastic colitis 39 35 47 functional colopathies (primary spastic colon) 2 mucous colitis 7 6 colon stasis (hypertonic) 124 irritable colon 84 7 unstable colon diverticulitis reserpine-induced diarrhea 9 diabetic diarrhea 8 5 diarrhea after G.I. surgery 11 diarrhea

- 33

There are many short periods of time which, if measured correctly, are considered valuable diagnostic durations—such as the P-R interval in ECG interpretation, and the minutes during which a patient consumes oxygen in a BMR test. If the readings related to these measurements are to be used with complete confidence, it is wise to consider another important measure of time—and that

is the background of the instruments which produced them.

Sanborn Viso-Cardiette

The TIME

TESTED

Sanborn Metabulator

diagnostic tea

No one understands better than a physician that it takes time to become

suitably proficient in a chosen work.

The unmatched background of knowl-

edge and experience making possible such fine instruments as the
Viso-Cardiette and Metabulator did not come about overnight,
and is the result of almost 40 years of successful medical instrument development. Such a background assures you that it is safer to select Sanborn.

SANBORN COMPANY, WALTHAM 54, MASSACHUSETTS

in allergic eczemas

Mati Darra array

Meti-Derm CREAM 0.5%

Meti-Derm OINTMENT 0.5% with Neomycin

Schoring

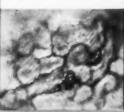
each in 10 Gm. tubes

sed









excellent response in eczematous dermatoses

Meti-Derm CREAM 0.5%

water washable – stainless

benefits allergic dermatoses, usually without irritation

Meti-Derm OINTMENT 0.5% with Neomycin

5 mg, METICORTELONE and 5 mg. Neomycin Sulfate advantageous when infection is present or suspected

Each in 10 Gm, tubes

Matt-Deam,* brand of predniselone topical Matticontexame,# brand of predniselone. FE M.

-



K

pro

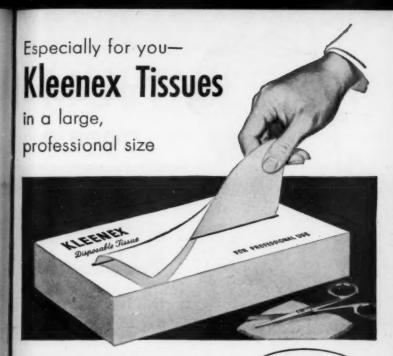
For ; of K pop sions pure Klee pack store

Prof

hand

Kim

4r. m.



For you, there's a special professional size of Kleenex* tissues, the only tissues that pop up, serve just one at a time. Professional Kleenex is 15" x 18", packed in a pure white box. You can order regular size Kleenex tissues in a pure white professional pack, too. Either size available in easy-to-store cases of 24 boxes. Keep Kleenex handy—for dozens of uses.

Regular size No. 5101 9" x 10" Professional size No. 5405 15" x 18"

> Order through your supply dealer

Kimberly-Clark Corporation, Cellucotton Division Neenah, Wisconsin

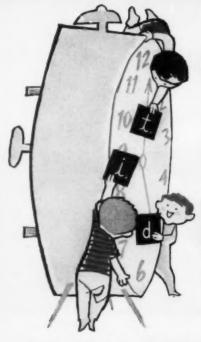
T. M. RES. U. S. PAT. OFF.



KLEENEX IN THE

POP-UP BOX IS FAR

MEDICAL ECONOMICS · MARCH 1957



One dose goes a long way

TUSSAR

the long acting cough syrup

provides greater relief with fewer doses per day

One teaspoonful t.i.d. or q.i.d. provides 24-hour control of even obstinate, hacking coughs.

Each fluid ounce of Tussar contains:

Dihydrocodeinone bitartrate	gr.
Prophenpyridamine maleate	gr.
Potassium guaiacol sulfonate, N.F 8	gr.
Sodium citrate, U.S.P 13.2	gr.
Citric acid, U.S.P 2	gr.
Chloroform, U.S.P 2 mini	ms
Methylparaben, U.S.P 0.	1%
Flavor, sweetening, aroma, vehicle	

Ammonium chloride, potassium iodide or ephedrine may be added to Tussar.



THE ARMOUR LABORATORIES

A DIVISION OF ARMOUR AND COMPANY . KANKAKEE, ILLINOIS

36 MEDICAL ECONOMICS - MARCH 1957

throughout the adult years

MULTICEBRIN

promotes the health of your well patients



se

day

inims

0.1% added



little

How to win friends ..



The Best Tasting Aspirin you can prescribe.

The Flavor Remains Stable down to the last tablet.

25¢ Bottle of 48 tablets (1¼ grs. each).

We will be pleased to send samples on request.

THE BAYER COMPANY DIVISION of Sterling Drug Inc. 1450 Broadway, N.Y. 18, N.Y.

38 MEDICAL ECONOMICS · MARCH 1957

XUM

a Phile exactly

lone, D

roblem



FOR YOUR CARE OF OBESITY... HERE'S "WILL POWER IN A CAN!"

That's how Instant Dietene Reducing Supplement was described recently by a Philadelphia doctor . . . and that's exactly what it is to your obese patients. Here's why:

bitemes solves the uncomfortable probm of between-meal hunger. Two Dietene filk Shakes daily supply 36 grams of procin, fortified with essential vitamins and minerals. Thus, through sound nutrition ione, Dietene satisfies both body hunger and the psychological craving for "something bod to eat". With the between-meal hunger roblem licked, patients find it easier to ac-

A product of

HE DIETENE COMPANY

MINNEAPOLIS &, MINNESOTA

cept the reduced portions of interesting foods featured in the Dietene 1000 Calorie Diet.

DIETEME contains no drugs. It is normally safe even for cardiacs and hypertensives. It tastes good, mixes easily with milk and is economical. DIETEME assures patient cooperation.



TRY THE DIETENE DIET

. . . based on DIETENE, the original Reducing Supplement—regularly succoeds where other reducing regimes fail. Free diet sheet service.

FREE I LB. CAN! MAIL COUPON TODAY!

		E COMPANY So., Minneapolis	
on Diete	ne Reduci	examine the Die ng Supplement. EE one pound o	Please send diet
Name_			MD
NameAddress			MD

MEDICAL ECONOMICS · MARCH 1957

"We have never had other iron salts so efficacious in pregnant patients," -well tolerated even by ironintolerant patients"

Whites

Dieckmann, W. J., and Priddle, H. D.: Anemia of Pregnancy Treated with Molybdenum-Iron Complex, Am. J. Obst. & Gynec, 57:541 (March) 1949.
 Neary, E. R.: Am. J. Med. Sc. 212:76 (July) 1946.
 Kelly, H. T.: Pennsylvania M. J. 51:999 (June) 1948.



the only prenatal supplement with Mol-Iron

Gestatabs tablets

-for real patient convenience only 2 tablets a day Available in bottles of 60 tablets



PHOSPHORUS-FREE CALCIUM
to minimize the likelihood of leg cramps





ESSENTIAL VITAMINS
to maintain normal pregnancy

and when iron is the dominant need ...

Mol-Iron with calcium and vitamin D

Available in bottles of 60 tablets

Letters

'Ten Best Schools'

SIRS: I suspect that "The Ten Best Medical Schools" by Greer Williams has evoked more letters than any other article ever published in your magazine.

I refrain from further comment in order not to appear biased.

> Richard H. Young, M.D. Dean, The Medical School Northwastern University Chicago, Ill.

SIRS: In making his selections, Mr. Williams has ignored some important criteria. If I were measuring a school for the "ten best" list, my guides would include the following:

- 1. Number of teachers per student-hour of instruction;
- 2. Annual budget for instruction, per student;
- 3. Number of library volumes, degree of their availability to students, and size of library staff;
- Number of teaching beds per student:
- 5. Out-patient load per student available for teaching; and

6. Total hours devoted to each subject.

Any medical school that measured tops on these counts should be very good indeed.

> Earl S. Davis, M.D. Fort Lauderdale, Fla.

SIRS: Why not judge a medical school by the standard commonly applied to a corporation issuing common stock: How long has the organization in question been pro-

According to this yardstick, top honors go to the University of Pennsylvania Medical School—the oldest in North America.

Oh, yes: I'm a Pennsylvania graduate.

> James A. Brussel, M.D. New York, N.Y.

Sirs: During the past twenty years I've visited practically every medical school in the country. I've discussed curricula, teaching methods, etc. with the deans and heads of departments. From this first-hand knowledge, I see that Mr. Williams' biase ly fi East T west

offe

Thei mate thos And teac the trad N

Wes moi med

De

Ηu SIRS WOL said ture tray

stag

biased opinions are gathered mostly from the older schools of the East.

The medical colleges of the Midwest, Southwest, and Far West offer unparalleled opportunities. Their research facilities and clinical material in many respects surpass those of the "best" Eastern schools. And some of them have developed teaching methods far superior to the conventional techniques of the tradition-bound institutions. . .

My advice to Mr. Williams: Go West. Then he'll be able to judge more fairly what "the ten best medical schools" really are.

John C. Ullery, M.D. Professor and Chairman Department of Obstetrics and Gynecology Ohio State University Columbus, Ohio

Human Nature Chart

Sirs: I couldn't say in a million words what Dr. George S. King has said in his compact "Human Nature Chart," which graphically portrays how the patient feels—at each stage of his sickness and convalescence-about the doctor and the doctor's fee.

Is it possible to get a copy that I can frame and hang on the wall of my reception room? . . .

> James L. Green Jr., M.D. Muskogee, Okla.

Reprints are available at 15 cents per copy, prepaid (to cover handling and mailing costs). Send requests to Readers' Service Department, MEDICAL ECONOMICS, Oradell, N.J. -ED.

Disciplinary Board

SIRS: As chairman of the Washington State Medical Disciplinary Board, I'd like to add a footnote to your recent article about the board: To help finance its operation, physicians' license renewal fees in this state have been raised from \$5 to \$7.50 a year.

Local doctors don't object to the boost. They know that the board serves to protect as well as punish. So far, in fact, about thirty of the complaints we've investigated have

each

mea-

hould

M.D.

e, Fla.

edical

nonly

suing

s the

pro-

, top

y of

-the

ania

M.D.

N.Y.

ears

edi-

dis-

ods.

s of

and

ms'

Erythromycin in Treating Pneumonia

A 27-year-old man, a chronic alcoholic, was admitted with a h tory of an alcoholic spree followed by a cough, greenish sputum and chills and fever.

Physical examination showed a temperature of 104 F. and indicated pneumonia in the right lower lobe. This was confirmed by X-ray. The sputum revealed gram-positive diplococci and blood culture subsequently grew Type VII pneumococci.

The patient was treated with erythromycin, 300 mg. every six hours per os. His temperature dropped to normal by 48 hours and X-ray of the chest revealed considerable clearing by the fourth hospital day. After 10 days hospitalization, the patient was fit for discharge.

First Antibotics Symposium, we reported the successful treatment with entropy of H. influence pneumonia and bacterenia. A accord patient identical to the one previously reported, with cure obtained by treatment with 500 mg, of crythromycin per or every four hours for 14 days.

Of these 132 patients with bacterial pneumonia, 127 (96%) had a good clinical result. One patient with lobar pneumonia had a good initial response but had dalayed resolution after treatment.

"Highly Effective in Pneumonia"

In one investigation, 75 adult patients with bacterial pneumonia were treated with erythromycin. In his summary, the clinician reported: "It is concluded that erythromycin is highly effective in the treatment of pneumonia due to gram-positive bacteria."

This, of course, is only one of many reports showing the effectiveness of ERYTHROCIN against coccic infections. You'll get the same good results (nearly 100% in common, bacterial respiratory infections) when you prescribe ERYTHROCIN.



Erythrocin

(Erythromycin, Abbott) STEARATE

"No Serious Side Effects Occurred"

After a study of 171 patients treated with erythromycin, the investigator wrote: "No serious side effects occurred with prolonged therapy or with doses up to 8 Gm. per day in the severe infections."

Actually, ERYTHROCIN stands on a remarkable record of safety. After four years, there's not a single report of a severe or fatal reaction attributable to erythromycin. In addition, you'll find allergic manifestations rarely occur. Filmtab ERYTHROCIN Stearate (100 and 250 mg.), in bottles of 25 and 100.

®Filmtab—Film-Sealed tablets, Abbott; pat. applied for.

Romansky, M. J., et al., Antibiotics Annual 1955-1956, p. 48,
 Waddington, W. S., Maple, F. C., and Kirby, W. M. M.,
 A.M.A. Archives of Internal Medicine, 1954, p. 556.

701051



Onla

LETTERS

proved groundless; and the accused M.D.s have been completely vindicated.

James H. Berge, M.D. Seattle, Wash.

Tongue Specialist

Sirs: Want to add my hobby to the unusual ones described in "The Doctor as a Sportsman and Hobbyist"? I'm the inventor of a new universal language called Suma. I started working on it in 1937; and, for the past year or so, I've spent an average of four hours a day on the project.

Suma is limited to about 1,000 words. Using them, one can adequately translate the entire scien-

tific and technical vocabulary. Grammar is reduced to the utmost simplicity: no articles, no plurals, no declensions or conjugations.

"MEDICAL ECONOMICS, an independent national business magazine for physicians," comes out this way in Suma: Trino gato, suna nito gato dako lobo mote tale.

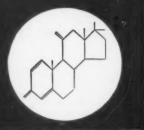
Literally, this says: "Medicine business, free nation business timebook for doctor."

> Barnett Russell, M.D. Gardena, Calif.

Radiologists' P.R.

SIRS: Your recent article "Internists Unite to Seek Fairer Fees" quotes Internist Claude P. Calla-

ROUTINE ADJUNCT TO STEROID THERAPY



AMPHOJEL®

double gel for biphasic action

combats corticosteroid-induced gastric distress

1: Bollet, A.J., Black, R., and Bunim, J.J.; J.A.M.A. 158:459 (June 11) 1955.



46 MEDICAL ECONOMICS MARCH 1957

Samples on request

DESITIN CHEMICAL COMPANY 812 Branch Ave., Providence 4, R. I. for over a quarter of a century

DESITIN OINTMENT*

has prevented and

cleared up diaper rash

excoriation, chafing and irritation in

more babies

than any other ethical product

*rich in cod liver oil

MEDICAL ECONOMICS · MARCH 1957 47

ary. nost rals. ide-

ıgathis

iito

ine ne-

.D. lif.

n-5" a-

el asic

LETTERS

way of San Francisco as saying: "Radiologists have hired an advertising agency to enhance their reputation. . . Our own public relations program must champion internal medicine with equal force."

Certainly it isn't wrong for a medical organization to retain an agency to present its story to the public. But the fact is that neither the American College of Radiology nor—to the best of my knowledge—any other radiologic organization has ever hired an advertising agency for any purpose whatsoever.

Perhaps Dr. Callaway intended merely to point out that the A.C.R. has advised several manufacturers of X-ray equipment and their advertising agencies regarding the presentation of radiological information to the public. In so doing, we've played much the same role as that of the A.M.A. in similar relationships.

William C. Stronach Secretary, American College of Radiology Chicago, Ill.

Circumcision Privileges

SIRS: I'd like to correct the following misstatement published in MEDICAL ECONOMICS some time ago: "In the North Shore Hospital of Manhasset, N.Y., G.P.s aren't allowed to circumcise the babies they've delivered."

Mild, well-tolerated tranquilizer

new

JLTRAN

(Phenaglycodol, Lilly)

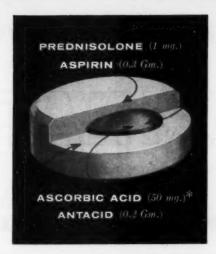
Chemically unique

'Ultran' is a new chemical compound, one of a group of butanediols synthesized at the Lilly Research Laboratories. It is not a modification of any other therapeutic agent.

300-mg. pulvules, usually 1 t.i.d.

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

774022



Proper formula for treating "Rheumatism" patients



With TEMPOGEN, many patients obtain adequate relief from immobilizing "rheumatic" pain with lower hormone dosages than are ordinarily required, because of the enhanced antirheumatic effect provided by the prednisolone-salicylate combination. In addition, the likelihood of the occurrence of gastric distress or adrenal ascorbic acid depletion is minimized.

INDICATIONS: Early rheumatoid arthritis, rheumatoid spondylitis, osteoarthritis, Still's disease, psoriatic arthritis, bursitis, synovitis, tenosynovitis, myositis, fibrositis, and neuritis.

Supplied: TEMPOGEN® and TEMPOGEN® Forte—in bottles of 100 Multiple Compressed Tablets. (TEMPOGEN Forte provides 2 mg, of prodnisolone.) TEMPOGEN and TEMPOGEN Forte are trademarks of Merck & Co., Inc.

*present as 60 mg. sodium ascorbate



MERCK SHARP & DOHME DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

adthe

foring. le as elaach logy III.

fol-

in me tal n't

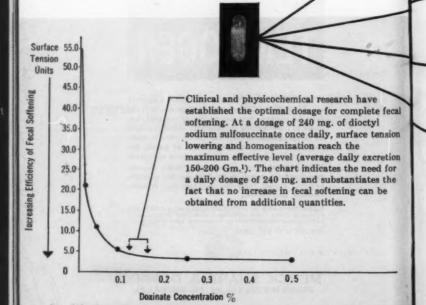
ies

The answer..

DOXINATE

THE ORIGINAL FECAL SOFTENER

IN CONSTIPATION



1. Best & Taylor, The Physiological Basis of Medical Practice, 6th Ed.

to effective fecal softening



ONE CAPSULE DAILY provides

MAXIMUM EFFECTIVENESS with

PATIENT CONVENIENCE
and ECONOMY

In The Interest of Medicine Since 1870

Lloyd | BROTHERS INC., CINCINNATI, OHIO

fecal

for

the

LETTERS

This is not now, and never has been, the policy of our hospital. General practitioners *are* allowed to circumcise babies they've delivered. . .

John M. Danielson Administrator, North Shore Hospital Manhasset, N.Y.

The statement in question stemmed from a report prepared by Dr. J. S. DeTar, president of the American Academy of General Practice. Says Dr. De Tar: "I drew the comment from a questionnaire filled in for me by Dr. Henry W. Eisfelder, instructor in medicine at the New York Medical College. Dr. Eisfelder said he'd applied for privileges

in general practice at North Shore Hospital in 1953 and had learned the circumcision policy at that time. He now states that, as a result of the adverse publicity that followed, the objectionable policy was changed before it could be enforced."—ED.

ma

ha

wa

de

do

sli

S

sa

in

to

pl

'Charge Slips' Renamed

SIRS: Several times recently you've recommended the use of "charge slips" as a collection aid. I fully agree with the recommendation—but not with the word "charge." Psychologically, that's a bad word to use in this context. It can have an unfortunate effect:

Relieve circulatory insufficiency in

RAYNAUD'S DISEASE

-Buerger's disease, varicose veins, and other circulatory disorders...

- increases blood flow
- relieves pain
- stimulates cellular metabolism

BOTH YEAR



The patient notes the term (which may be printed on the slip). So he hands the slip to the receptionist, walks out, and calls over his shoulder, "Charge it." Naturally, this doesn't help cash receipts.

I refer to such slips as "routing slips." I recommend the term to all who use them.

> Joseph F. McElligott New York, N.Y.

Salary vs. Fees

re

ed

e.

21

S

SIRS: Dr. Max Seham's views on salaried practice amaze me. Judging by your report, he hasn't begun to consider the major danger of the salary system: An employer-employe relationship directly limits the doctor's independence of thought and action. Thus it's a big step toward the control of medicine by groups outside the profession...

It isn't wrong to work for someone else; millions do. But we must be aware that the price is our professional independence.

> Robert W. Carver, D.O. Lakeside, Ohio

SIRS: The pro-salary arguments have been partially answered by Dr. Bernard Harpole, the Oregon G.P. who tells his patients he "likes money." I like money too. So do the employers who hire M.D.s on a salaried basis.

No employer wants to pay out a

uastra ar see Metalog SIMUM

in each VASTRAN tables

| Nestinic acid | S8 mg. | Pyridoxine hydrochloride | I mg. | Recorbic acid | 100 mg. | Recorbic acid | 5 mg. | Calcium pantothenate. 5 mg. | Cobalamin | 2 mcg (Yitamin 8 sg. activity) | Section | 2 mcg (Yitamin 8 sg. activity) | Section | Sectio

Also effective in relieving muscle and joint pain, and in improving cerebral circulation and nutrition in elderly patients.

After each dose—oral or intramuscular—patients experience a warm, tingling flush to prove that Vastran's vasodilating effect is taking place. Nicotinic acid, as provided in Vastran, has been shown by impressive clinical evidence to provide strikingly effective relief of circulatory insufficiency in all forms of peripheral vascular disorders. Other coenzymes in Vastran stimulate metabolism and overcome latent vitamin deficiencies. Result: Vastran overcomes ischemia, oxygenates tissues and helps to restore normal physiology to the affected part.

Send for free sample of VASTRAN tablets and literature

WAMPOLE LABORATORIES
Henry K. Wampole & Co., Inc. • Philadelphia 23, Pa.



"to reduce postoperative morbidity"

FURACIN Vaginal Suppositories used prophylactically before and after vaginal surgery as in hysterectomy-as well as before and after cauterization or radiationprovide a lasting bactericidal film. They prevent infection even in the presence of exudates and cellular debris, Discharge is minimized, healing is facilitated and convalescence shortened, FORMULA: 0.2% FURACIN in water-miscible base. Box of 12 suppositories, each hermetically sealed in yellow foil.

To prevent urethrovaginal cross infection: antibacterial, anesthetic Furacin Urethral Suppositories; box of 12.



Complete Vaginal Repair: A Simplified Approach

Stanley F. Rogers, M.D.; Jack Meers, M.D.; and Warren Jacobs, M.D.: De-partment of Obstetrics and Gyne-cology, Baylor University College of Medicine and Methodist Hospital, Houston, Taxas.

Eatan is privileged to make this new film available to physicians. Showings may be arranged by writing The Medical Director.

ıracin[•] Vag EATON LABORATORIES NORWICH, NEW YORK

MEDICAL ECONOMICS - MARCH 1957

1000

larg bou his

As

wh for pay me wh Soi

mit un be no large percentage of his profit. He's bound to exploit salaried help for his own financial gain...

Edwin A. Mickel, M.D.

Assignment Forms

Sirs: You point out some reasons why health insurance assignment forms don't always assure prompt payment to the doctor. I'd like to mention another possible reason why payment may be delayed: Sometimes the doctor doesn't submit his bill and the assignment form until after the claim has already been settled.

I suggest that the doctor make a note on every form relating to the

case, stating that benefits have been assigned to him. Claims personnel will thus be aware of the assignment, and they'll act accordingly.

H. E. Copps
Second Vice President
North American Life and Casualty Co.
Minneapolis, Minn.

SIRS: ... Many of the assignments we receive are too broad: They assign *all* benefits under *all* policies held by the claimant. When two or more doctors are involved, such forms obviously present problems as to priority of payment ...

Kendall B. Vaughan, M.D.

Associate Medical Director Occidental Life Insurance Company of Calif. Los Angeles, Calif. END

PLAT

FUNDAMENTAL THERAPY IN PEPTIC ULCER

- No alkalosis No autonomic side-effects
- No acid rebound No renal burden

AMPHOJEĽ

M HYDROXIDE GEL action



MEDICAL ECONOMICS · MARCH 1957

double gel

Gyne-

spital.

Shew

o The

your difficult rheumatic patient... on the job againous



for the patient who does not require steroids

PABALATE®

Reciprocally acting nonsteroid antirheumatics...more effective than salicylate alone. In each enteric-coated tablet Sodium sallcylate U.S.P. 0.3 Gm. (5 gr.) Sodium para-aminobenzoate . 0.3 Gm. (5 gr.) Ascorbic acid 50.0 mg.

for the patient who should avoid sodium

PABALATE®-Sodium Free

Pabalate, with sodium salts replaced by potassium salts.

Potassium salicylate 0.3 Gm. (5 gr.)
Potassium

para-aminobenzoate . . . 0.3 Gm. (5 gr.)
Ascorbic acid 50.0 mg.

XUM

for

P/

In eac

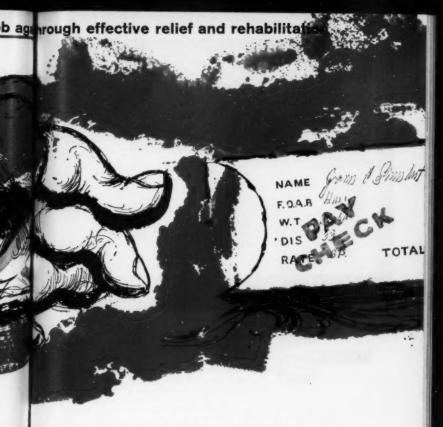
Hydro

Potas: Potas: para

Ascor

Ster

A. H.



for the patient who requires steroids

PABALATE®-HC Robins



(PABALATE WITH HYDROCORTISONE)

In each enteric-coated tablet:

Hydrocortisone (alcohol) . 2.5 mg. Potassium salicylate . . . 0.3 Gm.

Potassium para-aminobenzoate . . 0.3 Gm. Ascorbic acid 50.0 mg.

Comprehensive synergistic combination of steroid and nonsteroid antirheumatics...full hormone effects on low hormone dosage...satisfactory remission of rheumatic symptoms in 85% of patients tested.

Steroid or non-steroid therapy: SAFE DEPENDABLE ECONOMICAL

A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA Ethical Pharmaceuticals of Merit since 1878

oids

tablet:

. (5 gr.)

. (5 gr.)

0.0 mg.

dium

ee

tablet: (5 gr.)

(5 gr.) .0 mg.

INACNE





Acne patient AFTER 10 weeks therapeutic washing of the skin with Fostex.

RESULTS YOU CAN SEE



Fostex CREAM/CAKE

for therapeutic washing of skin in acute acne. Also as a therapeutic shampoo in associated oily scalp and dandruff.



for therapeutic washing of skin after acute phase of acne is controlled. Maintains skin dry and comedone free. In acne, Fostex Cream and Fostex Cake degrease and degerm the skin...unblock pores...remove blackheads and help prevent abscess formation. They're well tolerated and easy to use. All the patient does is stop using soap...start washing with Fostex.

Fostex effectiveness in acne ia provided by Sebulytic, * a new combination of surface active cleansing and wetting agents with remarkable antiseborrheic, keratolytic and antibacterial action, enhanced by sulfur 2%, salicylic acid 2%, and hexachlorophene 1%.

Fostex Cream 4.5 oz. jar. Fostex Cake in bar form.
Fostex does not contain selenium.

*Sodium laury! sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate

Write for samples and literature,

WESTWOOD PHARMACEUTICALS. 466 Dewitt Street
Division of Foster-Milburn Co. Buffalo 13. New Yark

What do you want in an analgesic?

(Salts of Dihydrohydroxycodelinone and Homatropine, plus APC) Better than codeine plus APC'

speed acts faster than codeine plus APC-

duration relieves pain longer than code ine plus APC—usually for 6 hours

with virtual freedom from constipation1.2

Average adult dosage, 1 tablet q. 6 h. Supplied as scored, yellow oral tablets. May be habitforming. Literature? Write—

Endo

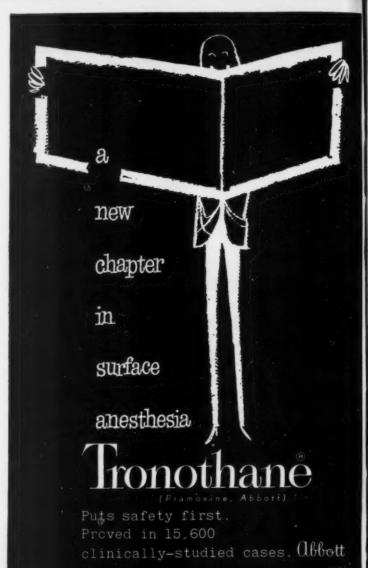
ENDO LABORATORIES INC. Richmond Hill 18, New York

1. Blank, P., and Boas, H., Ann. West. Med. 4 Surg. 6:376,1952.

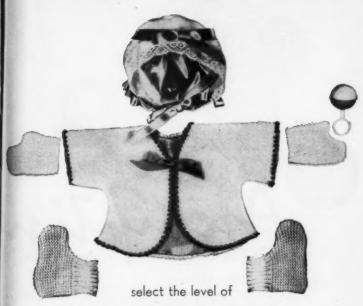
2. Piper, C. E., and Nicklas, F W.: Indust. Med. 23:510, 1954.

*U.S. Pat. 2,628,185

MEDICAL ECONOMICS - MARCH 1957 59



60 MEDICAL ECONOMICS - MARCH 1957



vitamin protection the baby needs

Tri-Vi-Sol®

basic vitamins...A, D, C

Poly-Vi-Sol®

6 essential vitamins ... A, D, C, B,, B, and niacinamide

Deca-Vi-Sol®

10 nutritionally significant vitamins, including A, D, C, B, B3, niacinamide, biotin, pantothenic acid, B. and stable B,s



· highly stable - refrigeration not required

· readily accepted-exceptionally pleasant flavor, no unpleasant aftertaste

· full dosage assured-can be dropped directly into baby's mouth In 15 cc., 30 cc. and economical 50 cc. bottles with calibrated plastic 'Safti-Dropper'

> MEAD JOHNSON SYMBOL OF BERVICE IN MEDICINE

MEDICAL ECONOMICS · MARCH 1957 61



if you prescribe salicylates ...you will get better results with



HEADACHE



Aspirin buffered with MAALOX®

Ascriptin® tablets:

- 1. Produce double the salicylate blood level dose for dose. compared with plain aspirin.*
- 2. Very seldom cause gastric distress.
- 3. Relieve pain faster, and longer than does aspirin.

Indicated: Any conditions where salicylates are useful.

Dosage: Same as aspirin.

Formula: Each ASCRIPTIN tablet contains:

ACETYLSALICYLIC ACID. . 0.30 Gm. MAALOX® 0.15 Gm. (Magnesium aluminum hydroxide gel)

Degrees of pain relief are difficult to measure. We'll be glad to send you a bottle of 100 ASCRIPTIN tablets with our compliments and you may make your own comparisons.

Promoted professionally only. Available at prescription pharmacies.

In bl

th T

m

fa

T

0



COLD



LIAM H. RORER, INC.

PHILADELPHIA 44, PA.

62 MEDICAL ECONOMICS · MARCH 1957

PET



In times past, the long-awaited debut of an infant upon life's stage was sometimes marred by the entrance of as beady-eyed. black-hearted villains as ever lurked in shadowy wings.

They were the digestive disturbances which occasionally beset the hungry baby for whom artificial feeding was prescribed.

Through the years, medical science worked on the problems of digestive disturbances in infants. Progress was gradually made, and then in 1929 leading clinicians demonstrated that evaporated milk offered one of the most versatile and satisfactory solutions to bottle feeding problems.

The old-time villains had been outwitted.

Since then, more than 50 million babies have been raised on evaporated milk.

Today, evaporated milk is still unique in its combination of advantages-a level of protein sufficient to duplicate the growth effect of human milk . . . flexibility in carbohydrate adjustment . . . easy digestibility . . . dependable sterility . . . and minimum cost.

PET EVAPORATED MILK ... backed by 72 years of experience and continuing research



PET MILK COMPANY · ARCADE BUILDING · ST. LOUIS 1, MO.

MEDICAL ECONOMICS · MARCH 1957 63

R)

se

ylates

Gm.

Gm.

gel)

sure. 100 and

dwidu

PA.

I've Got a Secret

a baby.

It's probably that he has a frog in his pocket ... but his mother also has a secret ... she's going to have



This intelligent modern mother has placed herself in the care of the physician in whom she has implicit faith. Now, the Doctor may, and probably does, prescribe a number of different prenatal supplements to his patients for various but valid reasons.

It is quite possible, indeed probable, that the physician may consider the use of a phosphorus-free, aluminum hydroxide containing product. Especially if it also provides organic iron, Vitamin B12 with intrinsic factor, plus the important vitamins in the new levels suggested for pregnant or lactating women. There are only a very few such quality formulas available for his choice.

One such formula with perhaps the easiest product name to remember on the national scene is Calcinatal . (pronounced Calci' natal) by Nion.

Patient acceptance of these easy-to-swallow tablets (not capsules) is quite understandable. Incidentally, one of your obstetrical problems, "control of Cramps" will be relegated to one of very minor incidence by use of the product. For more complete information, samples and brochure write to

NION CORPORATION

LOS ANGELES 38, CALIFORNIA

We feel copy writers usually mention product names too often we mention ours but it is so easy to remember and hard to forget. Say it once - try to forget it.

64 MEDICAL ECONOMICS · MARCH 1957

In a

betw

abse

illne

rout

New

effec nary

tain

patie

Sim dica

glyc

Hov

nitro

cont

angi laxi

befo nan

sche ther Peri



two patients with angina pectoris



... your treatment can make the difference

In angina pectoris: "... the difference between complete, or almost complete, absence of symptoms, or a prolonged illness with much suffering" may lie in routine prophylaxis with Peritrate.¹

New studies continue to confirm the effectiveness of this long-acting coronary vasodilator. "Impressive and sustained improvement" is observed in patients on Peritrate therapy.²

Simple prophylaxis: Peritrate is not indicated to abort the acute attack (nitroglycerin is still the drug of choice). However, you can reduce or eliminate nitroglycerin dependence and provide continuing protection against attacks of angina pectoris with Peritrate. Prophylaxis is simple: 10 or 20 mg, of Peritrate before meals and at bedtime. Maintenance of a continuous daily dosage schedule is important for successful therapy.

Peritrate has been demonstrated to pre-

vent or reduce the number of attacks, lessen nitroglycerin dependence, improve abnormal EKG findings and increase exercise tolerance. 8.4.5

The specific needs of most patients are met with Peritrate's five dosage forms: Peritrate 10 mg. and 20 mg. tablets; Peritrate Delayed Action (10 mg.) for continuous protection through the night; Peritrate with Phenobarbital (10 mg. with phenobarbital 15 mg.) where sedation is also required; Peritrate with Aminophylline (10 mg. with aminophylline 100 mg.) in cardiac and circulatory insufficiency.

Usual Dosage: 10 to 20 mg. before meals and at bedtime.

References: 1. Rosenberg, H. N., and Michelson, A. L.: Am. J. M. Sc. 230:254 (Sept.) 1955. 2. Kory, R. C., et al.: Am. Heart J. 50:308 (Aug.) 1955. 3. Winsor, T., and Humphreys, P.: Angiology 3:1 (Feb.) 1953. 4. Plotz, M.: New York State J. Med. 52:2012 (Aug. 15) 1952. 5. Dailheu-Geoffroy, P.: L'Ouest-Médical, vol. 3 (July) 1950.

Peritrate*

(brand of pentaerythritol tetranitrate)

WARNER-CHILCOTT

How seed and speed improve

HEINZ Strained and Junior Vegetables



HEINZ STRAINED VEGETABLES

- · Beets
- · Carrots · Creamed Spinach
- · Green Beans
- · Peas
- · Squash
- · Sweet Potatoes
- · Tomato Soup
- · Vegetable Soup



HEINZ JUNIOR VEGETABLES

- Creamed Carrots
- Green Beans and Potatoes
- · Mixed Vegetables
- Tomato and Rice
- · Vegetable Soup

- The choice and development of the finest vegetable strains are naturally of prime importance at Heinz. For example, only four carrot strains meet Heinz flavor, color, texture and nutritional standards.
- But speed is vital, too, in getting the vegetables to our baby-food kitchens. Delay not only means loss of freshness, flavor and firmness, but also lets carrots, particularly, acquire a bitter after-taste. That's why our processing plants are right in the garden spots of America where we grow our vegetables.
- In processing, of course, speed teams up with extra care. Only carrots of detailed specifications are accepted; careful preparation guards Vitamin A content; hourly sampling by Quality Control assures perfection. From seed to shelf, every measure is taken to let you recommend Heinz Baby Foods with confidence.

Heinz Baby Foods

THEIR PREPARATION IS OUR MOST IMPORTANT TRUST



H. J. HEINZ COMPANY Pittsburgh, Ponnsylvania







Over 70 Better-Tasting Kinds

relaxes both mind and muscle HEALTH CONTER LORARY

for anxiety
and tension in
everyday practice

- nonaddictive, well tolerated, relatively nontoxic
 - well suited for prolonged therapy
- no blood dyscrasias, liver toxicity, Parkinson-like syndrome or nasal stuffiness
 - chemically unrelated to chlorpromazine or reserpine
 - does not produce significant depression
 - orally effective within 30 minutes for a period of 6 hours

Indications: anxiety and tension states, muscle spasm.

Miltown

Tranquilizer with muscle-relaxant action

DISCOVERED AND INTRODUCED

BY WALLACE LABORATORIES, New Brunnstelk, N. J.



8-methyl-8-n-propyl-1,3-propanediol disarbamate—U. S. Patent 2,724,720 SUPPLIED: 400 mg. scored tablets. Usual dose: 1 or 2 tablets t.t.d. Literature and Samples Available on Request

THE MILEOWS MOLECULE

CM-3670-R2

les

of the

lly of imple,

flavor, irds.

ng the

s. Deflavor

That's in the

grow

teams tailed

repa-

ourly s per-

Baby

70

ing

nds

reports of clinical studies I "I have used meprobamate in my general psychiatric practice since April, 1955, and believe it to be [a] drug of choice for relief of tension, anxiety and insomnia."

Lemere, F.: Northwest Med. 54: 1098, 1955.

2 "... the patient [taking Miltown]
never describes himself as feeling detached
or 'insulated' by the drug. He remains...
in control of his faculties, both mental
and physical, and his responsiveness to other
persons is characteristically improved."

Sokoloff, O. J.: A.M.A. Arch. Dermat. 74: 393, 1956.

"Of special importance is the fact that Miltown does not appear to affect autonomic balance—which in alcoholics is often unstable . . ."

Thimann, J. and Gauthier, J.W.: Quart. J. Stud. Alcohol. 17: 19, 1956.

4 "The [relative] absence of toxicity, both subjectively and objectively, is an important feature in favor of Miltown. In addition, there were no withdrawal phenomena noted on cessation of therapy, whether it was withdrawn rapidly or slowly."

Borrus, J.C.: J.A.M.A. 157: 1596, 1955.

"Miltown is of most value in the so-called anxiety neurosis syndrome, especially when the primary symptom is tension . . . Miltown is an effective dormifacient and appears to have . . . advantages over the conventional sedatives except in psychotic patients. It relaxes the patient for natural sleep rather than forcing sleep."

Selling, L.S.: J.A.M.A. 157: 1594, 1965.

Miltown

THE ORIGINAL MEPROBAMATE

discovered and introduced

by Wallace Laboratories, New Brunnwick, N. J.

the

fal

imp

P.P.S. let him 'phone White 1

If y

If you could

with a user of the Picker Anatomatic Century x-ray unit you'd soon know why this remarkable "new way in x-ray" machine has come so far so fast.

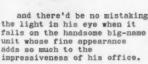
He'd probably tell you first how incredibly easy it is to use (just dial the body part and set its thickness... then press the button). He might sigh with relief at having no charts to consult, no calculations to make (the anatomatic principle does all the tedious "figgerin" for you).

> He'd probably show you how good a radiograph he gets every time





He might even touch on the peace-of-mind that comes of having a local Picker office so near, with a trained Picker expert always on call for help and counsel





P.S. Somewhere along the line the matter of price would come up ... he'd most likely comment on how little he paid to get so much. Or he might even be among those who rent their x-ray machine (Picker has an attractive rental plan, you know).

P.P.S. Next best thing is to call your local Picker man in and let him tell you about this great new machine (fird him in your 'phone book) or write Picker X-Ray Corporation, 25 South Broadway, White Plains, N. Y.

TREAT HER MORNING SICKNESS...THE NIGHT BEFORE



... In 200 cases, effective in all but one.1

Long-acting Bondoctin, new anti-emetic, unusually effective in prevention of nausea and vomiting of pregnancy. Bendectin gives your patient the benefit of three distinct and complementary modes of action:

- 1. antispasmodic -- relaxes G.I. smooth-muscle spasm
- 2. antinauseant centrally effective
- 3. nutritional supplementation to overcome possible pyridoxine deficiency of pregnancy

... Relieves morning sickness "before it starts"

Other advantages include:

- 4. simple, convenient bedtime dosage
- 5. low cost to patient

Bendectin

Bentyl (dicyclomine) Hydrochlorids , 10 mg. Decapryn (doxylamine) Succinate . . . 10 mg. Pyridaxine Hydrochloride 10 mg.

USUAL DOSAGE: 2 tablets at bediting. SUPPLIED: Bottles of 100 telerats.

1. Nulsen, R. O.: Onio State H.J. (In-press).

THE WM. S. MERRELL COMPANY
St. Thomas, Ontario . Cincinnati . New York

Pioneer in Medicine for Over 125 years



68 MEDICAL ECONOMICS - MARCH 1957

equi



PANMYCIN* PHOSPHATE

Each capsule contains:

Tetracycline phosphate complex equivalent to 250 mg. cf tetracycline hydrochloride

Indications and desage:

Same as for tetracycline hydrochloride

Supplied:

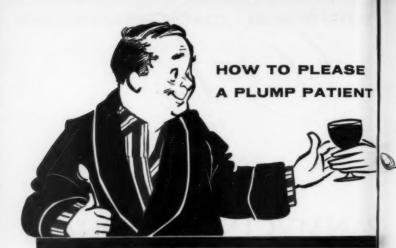
Bottles of 16 and 100 capsules.

*Trademark, Reg. U.S. Pat. Off.

Upjohn

MEDICAL ECONOMICS · MARCH 1957

69



If you have a patient who'd be more spic if he had less span, suggest low-calorie D-Zerta Pudding.

It's not easy to stay on a reducing diet, but delicious, satisfying desserts can help a lot.

New D-ZERTA PUDDINGS (Vanilla, Chocolate, and Butterscotch) are sweet and creamy-rich tasting-yet they contain no sugar and only 54 calories in a serving. That's with skim milk. With whole milk count 94.

D-ZERTA GELATIN is another weight watcher's dessert. Only 12 calories in a serving that costs just pennies.





Made by the makers of Jell-O desserts-for those who must watch their sugar intake.

D-Zerta and Jell-O are registered trade-marks of General Foods

70 MEDICAL ECONOMICS · MARCH 1957





E NT

ess

us,

and

yet

ng.

les-

ies.

ke.

PHOSPHO SODA (Fleet)...

gentle, prompt, thorough and a laxative of choice for over 60 years.

Taken on an Empty Stomach...

at least 30 minutes before any meal, but preferably before breakfast.

Amply Diluted with Water...

Mix required dose with one half glass of cold water, follow with additional water.

SUGGESTED DOSAGE As a mild eliminant, two teaspoonfuls before a meal. For more pronounced hydragogue action, four teaspoonfuls before breakfast.

Children: Ten years or older, one half the adult dose; five to ten years, one quarter the adult dose.

Phospho-Soda (Fleet) is a solution containing per 100 cc., Sodium Biphosphate 48 Gm. and Sodium Phosphate 18 Gm.

Write for liberal professional samples and literature describing indications and dosages.



(Fleet)

C. B. Fleet Co., Inc., Lynchburg, Virginia Makers of the Fleet Enema Disposable Unit.

MEDICAL ECONOMICS · MARCH 1957 71



For round-the-clock therapy With two doses a day

Lipo Gantrisin 'Roche'—a new, palatable liquid for antibacterial therapy—offers three significant features:

- 1. Only two doses a day needed in most cases
- 2. Adequate twelve-hour blood levels after a single dose
- 3. Same therapeutic advantages as Gantrisin 'Roche'

Lipo Gentrisin® Acetyl—brend of acetyl sulfisoxazole in vegetable oil emulsion make

Your of security reduction tinued ampheteresult.

Ambar 10 to 12 controll Methan

Hydro Phenob

A. H. R



better early than late, better late than never



make him want to stop overeating with

Ambar™ Tablets and Extentabs

Methamphetamine and Phenobarbital

Your obese patients may resist weight reduction because they fear losing the emotional security involved in overeating. AMBAR** Tablets or Extentabs** add incentive to weight reduction, give the patient a better chance of holding off the disabling effects of continued overweight and obesity. Methamphetamine, a more potent CNS augmenter than amphetamine yet producing less cardiovascular effect, is combined with phenobarbital result, mood amelioration without undesired excitation — weight reduction without jitters.

Ambar Extentabs

10 to 12 hours of appetite suppression in 1 controlled-release, extended action tablet Methamphetamine

Hydrochloride 10.0 mg. Phenobarbital (1 gr.) . . . 64.8 mg.

Ambar Tablets

for conventional dosage or intermittent therapy

Methamphetamine

Hydrochloride 3.33 mg. Phenobarbital (% gr.) . . . 21.6 mg.

A. H. ROBINS CO., INC., Richmond, Virginia Ethical Pharmaceuticals of Merit Since 1878



MEDICAL ECONOMICS · MARCH 1957 73



TOF

L-lysine + vitamins + minerals

this baby needs help

If he turns his back on food, the infant can neither gain weight nor grow properly.

Efficient protein synthesis requires all the essential amino acids, simultaneously, in the correct proportions.

But many foods in the infant diet are relatively deficient in lysine, compared with meat protein.

Supplied: In 46 Gm. bottles with special Lactofort measuring spoon enclosed.

Persistent anorexia calls for nutritional support with Lactofort

This complete nutritional supplement helps to restore normal growth and perk up lazy appetites in infants with anorexia and impaired nutrition. It supplies physiologic amounts of L-lysine to raise the biological value of milk and cereal to that of high-quality animal protein. In addition, Lactofort provides generous amounts of iron, calcium and all the essential vitamins.

Reference: Williamson, M. B., in Albanese, A. A., et al.: New York State J. Med. 55:3453, 1955.

a dry powder . . . stable . . . odorless . . . tasteless . . . readily soluble

first with lysine



WHITE LABORATORIES, INC. . Kenilworth, New Jersey

74 MEDICAL ECONOMICS · MARCH 1957

..an

faste In 90 hours.

heic

safe3 The m

insolul

series

Resion thetic) 1

Resion mide 1.0 tablespo

Dosage

Supplie

REFEREN

Produc Orig

Rese

MUX

"...an ideal treatment for the diarrheal syndrome ..."

RESION

faster relief2

In 90 patients treated with Resion, 86 (95%) were controlled in 8 to 12 hours, faster than even with bismuth and paregoric.

twice as effective2

THERAPY		Í		3	SL	CCESSES	
RESION						92	
Kaolin and Pectin .						40	
Bismuth and Paregoria						50	

safe3...and non-constipating1-3

The multiple adsorbent and ion-exchange materials in Resion are "totally insoluble and non-toxic." No cases of constipation reported in three clinical series of more than 250 patients. 1–3

Available IN 2 PLEASANT-TASTING DOSAGE FORMS

Resion—for simple diarrhea Polyamine methylene resin 10%; Sodium aluminum silicate (synthetic) 10%; Magnesium aluminum silicate (synthetic) 1.25%.

Resion P.M-S-for infectious diarrhea Resion; Polymyxin-B 125,000 units; Phthalylsulfacetamide 1.0 Gm.; Methyl Paraben 1.33%; Propyl Paraben 0.33%; Butyl Paraben 0.1%; in each tablespoonful (15 ml.)

RESION P-M-S. 1 tablespoonful hourly for 3 doses; then 3 times daily. Infants—the same schedule as above, but in teaspoonful doses.

Supplied: Resion is supplied in bottles of 4 and 12 fluid ounces;
Resion P-M-S in bottles of 4 fluid ounces.

REFERENCES: 1. Weiss, J.: K.A.G.P. Journal 2:33, 1956. 2. Gabroy, H. K., and Selsman, G. J. V.: Amer, J. Dig. Dis. 20:395, 1953. 3. Lichtman, A. L.: Exper. Med. & Surg. 9:90, 1951.

Products of Original Research



THE NATIONAL DRUG CO.

Philadelphia 44, Pa.

R-2700/57

MEDICAL ECONOMICS · MARCH 1957 75

ofort

ment

perk

ano-

pplies

raise eal to

n. In

erous

1 the

anese,

e

Jersey

DEAR DOCTOR . . . HAVE YOU EVER THOUGHT of OWNING a BUSINESS. TOO?

Professional men have found owning this business an attractive way to acquire equity and security without distraction from private practises



Laundry stores began to boom in 1946... and ten years later, over 15,000 laundry stores are serving millions of satisfied

Today, a new type of Laundry Store-THE COIN-OPERATED COMPLETELY UNATTENDED WESTINGHOUSE LAUNDROMAT—is springing up all over America. Originating in Texm less than two years ago, these automatic self-service laundry stores have spread through Florida, California . . . and are now being chain-operated in Illinois and Missouri,

You, too, can get in on this most profitable mushrooming business in your spare time . . . and with a very modest investment.

Briefly, here's what it's all about:

- Many women prefer to do their own laundry. We don't know why, but it's a fact... and they flock to unattended laundry stores where they do-it-themselves... using their own choice of soap and other washing mate-
- Laundry is a necessity and people, especially in the lower income groups, will walk 3 or 4 extra blocks TO SAVE ALMOST 50% on their weekly laundry bill.
- Bachelors, career girls, students and work- Because it takes so little of your time to ing families can only do laundry during hours operate, it does not interfere with your reguwhen regular laundry stores are closed AN UNATTENDED LAUNDRY IS OFTEN OPEN 24 HOURS A DAY, 7 DAYS A WEEK. Profits are realized in night and weekend hours when other laundries are closed.
- 4 Washers and dryers are coin-metered... 8 And EACH STORE PROVIDES YOU WITH AN everything works automatically...you 8 INCOME OF \$4000-\$8000 a year, depending empty the coin boxes 2 or 3 times a month.

- 5 Machine service and daily maintenance is contracted out to your local repairman and You visit the store only to local porter. collect the coins.
- 6 Depreciation of equipment for tax purposes is rapid, and within a relatively short period of time you own a going business that ACTUALLY RUNS ITSELF.
- lar business. Because of almost absente management, no customer contact, and fa-vorable depreciation schedules, it is perfect for chain-store operation.
- on location and equipment.

There's a great deal more to this story that you should know. We'd like the opportunity of giving you all the important investment details. It'll take about an how of your time.

This we do know! You will add Thousands of Dollars to your present income every year. Your community wants and needs an UNATTENDED, COIN-OPERATED WESTINGHOUSE LAUNDROMAT STORE. As a doctor, you may find this the extra business opportunity you've been looking for.

We offer advice, store planning, training and advertising. WE WILL FINANCE up to 80% of the NECESSARY EQUIPMENT. Do take a look at this investment...it'll make a difference to you.

Call, wire or write. We'd like to set a date at your convenience and show you some COIN-METERED LAUNDRY STORES in your area. We have representatives throughout the United States. We are a member of the National Better Business Bureau.

3549 N. Clark St., Chicago 13, Ill.

8208 Chancellor Row, Dallas, Texas

7402 Sunset Blvd., Los Angeles 46, Calif.

1355 Market St., San Francisco, Calif.

The Prudential Bldg., Room 1704, Jacksonville 7, Fla.

ALD, Inc. ALD New York, Inc., 511 W. Comspring Lane, Salation ALD New York, Inc., 10-32 47th Road, Long Island City I, N.Y. ALD New York, Inc., 511 W. Coldspring Lane, Baltimore 10, Md.

76 MEDICAL ECONOMICS · MARCH 1957



Sterile to start with...simple to use. Damascus Needles in Needletainers mark a revolutionary advance in needle packaging. Now...Standard American Luer needles come to you pre-sterilized in an individual reusable nylon case that protects the points. No more autoclaving and cleaning of new needles. Needletainers keep Damascus Needles sterile until used. Needle and container may be autoclaved as many as six times before the discarding of case may become necessary. Truly, this needle package pays for itself in time, work, money saved! Order a supply of STERILE DAMASCUS NEEDLES IN NEEDLETAINERS today. Available in the following nine standard needle sizes: 26G x ½, 25G x ½, 24G x ½, 23G x 1, 22G x 1½, 22G x 1, 20G x 1½, 20G x 1, 18G x 1½.

IN 10 SHORT SECONDS . A STERILE NEEDLE LOCKED TO THE SYRINGE



1. OPEN STERILE CASE



2.INSERT SYRINGE, TWIST



3. REMOVE SYRINGE

for further information write

MACGREGOR INSTRUMENT CO. NEEDHAM 92, MASS.

MEDICAL ECONOMICS · MARCH 1957

0, Md. , N. Y.

ER

DO?

ity

aundry tisfied e—THE FENDED ringing Texas comatic spread tre now issouri,

ance is

only to curposes t period se that

time to ur regu-

and fa-

perfect

TTH AN

every
every
a busiup to
make
a some
ut the

Views

Breaking the Hurry Habit

It was only a couple of years ago that Dr. B. F. Jenness, director of health service at Texas Western College, flashed a figurative red light at his colleagues in private practice.

"The hurry habit," he said, "has permeated the doctor's office." Too many medical men were doing hurried examinations, giving hurried advice, writing hurried prescriptions.

So Dr. Jenness suggested that "every doctor keep a red light burning in his office to remind him to slow down."

Many a private practitioner who heard this may have snorted a bit. "Slow down?" one G.P. commented at the time. "I'd love to! But with \$3 the standard rate for an office visit, I can't afford to spend extra time with patients who don't obviously require it."

Yet today that G.P. is spending extra time with patients. And so are his colleagues across the country. According to MEDICAL ECONOMICS' 8th Quadrennial Survey, the typical self-employed physician works longer hours than he worked four years ago—and he devotes these hours to 15 per cent fewer patients.

Thus the hurry habit is apparently being broken. And contrary to the G.P.'s fears, it's being broken without financial sacrifice. Self-employed physicians are now earning more than ever.

How come?

Statistics fail us at this point. So we'll turn instead to a conviction we've expressed before:

More time spent with patients means better-satisfied patients. And in the long run, better-satisfied patients mean better-paying patients.

The G.P. mentioned above has proved it to himself. By spending thirty minutes or even an hour with selected patients, he's helped them more than he used to in a whole series of shorter visits. And by charging proportionately more in such cases—\$5 or even \$10—he's

mac feas

willi deve

were
—th
for
fam
S
cost

com

ness isn't

it re

Ho A f

A f

made his slower pace economically feasible.

"The thing that surprised me most," he says today, "was the discovery that people were entirely willing to pay for the extra time I devoted to diagnosing and treating their illnesses."

And why not? Americans have complained for years that they were getting short-order medicine—the kind that left them hungry for the type of service the old-time family physician used to provide.

Silencing this complaint needn't cost today's doctor a cent. Nor does it require a red light burning in his office.

All it takes is still further awareness that a routine office visit often isn't enough. Nor a routine officevisit fee, either.

Hospital Staff Standards

A few years ago, when MEDICAL ECONOMICS reported the civil war then raging at Danbury Hospital in Connecticut, the article's subtitle pretty well summed up the story:
"This conflict between hospital
board and medical staff started innocently over the issue of neglected
medical standards. It built up to a
community-shaking climax, with
the charges leveled against the physicians ranging from monopoly to
manslaughter..."

Danbury Hospital has long since resolved its difficulties; and monopoly and manslaughter have never become common problems elsewhere. But one of Danbury's problems persists at a good many other hospitals: The medical staff is thought to be doing too little to maintain its own medical standards.

Listen, for example, to Dr. Robin C. Buerki, executive director of the Henry Ford Hospital in Detroit:

"In too many instances the medical profession is not yet ready to discipline itself within the hospital ... The medical profession resents pressures that force them to make decisions stating that Dr. Smith is

ECO-

rvey,

ician

rked

votes

ewer

par-

trary

oken

Self-

earn-

t. So

ction

ients

And

pa-

ents.

has

ding

with

hem

hole

by

e in

he's

Pictures help you se

How much easier for the physician to discuss cases with the aid of fine photographs.

FOR CLOSE-UPS: Hold the Kodak Technical Close-Up Outfit so frame is at subject.

Photographs are objective. They report what the camera sees. That's one reason why they are invaluable for research and review.

FOR HALF LENGTHS (Regionals): Just hold camera 2½ feet from subject.





Photographs endure. Weeks, months, years later they're ready to report—in hundreds of places at the same time.

FOR FULL LENGTHS: Hold camera 7 or 8 feet from the subject as indicated by viewfinder.

RO MEDICAL ECONOMICS · MARCH 1957

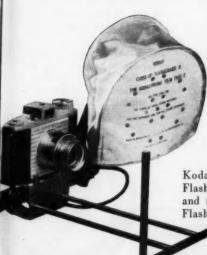


Medica

Serv. Phot

say it better ...

Get better pictures <u>easier...</u>
with the Kodak
Technical Close-Up Outfit
"Designed for You!"



Price includes Federal Tax and is subject to change without notice. Whatever you see—and want to save—get it with the Kodak Technical Close-Up Outfit.

"You press the button; it does the rest."

In fact, just about all you need to do is load the camera with film, insert the flash bulb, cock the shutter and "Go."

The outfit consists of a Kodak Pony Camera, Kodak B-C Flasholder, stainless steel bracket and field frame, Kodak Close-Up Flashguards A and B, and Kodak

Price \$62.50, complete.

For further information, see your Kodak photographic dealer or write for literature.

EASTMAN KODAK COMPANY
Medical Division • Rochester 4, N. Y.

Serving medical progress through Photography and Radiography Kodak

MEDICAL ECONOMICS · MARCH 1957 81

VIEWS

qualified to do work in a given field and Dr. Jones is not . . ."

This shows up most of all in staff elections and appointments, Dr. Buerki believes:

"It is true that many doctors are recognizing their obligations to elect presidents and to appoint committees that do discipline the staffs," he concedes. But in the past "too many people were given appointments because they were good golfers."

What's more, all too frequently "the chairman of your medical board is the lowest common denominator . . . the most affable, the most agreeable individual. He is elected not to enforce rules ...

Rather, he is expected to wink an eye at them so that the doctors in the hospital can practice medicine as they see fit."

Whether or not Dr. Buerki is right about this, staff doctors need to recognize even the suspicion of it as extremely dangerous to themselves.

What is thought to be a casual attitude toward staff standards virtually invites the lay governors to meddle in medical affairs. And what was said about Danbury Hospital is still true today:

"Hospital efficiency depends on a precise division of authority and responsibility among governing board, medical staff, and adminis-

after the 40 year. . .

the liny Giant may well prove an

important preventive and corrective measure

Metabolic research reveals iodine as the "Element of Biological Necessity." lodine poverty and mild hypothyroidism appear to be part of the aging process after forty, with complaints of chronic fatigue, poor memory, sleeplessness. ORGANIDIN is the iodine preparation of choice: unique, well tolerated, standardized; consistently satisfactory in therapeutic results.



sample and literature m request

rganidin · TABLETS—bottles of 100

CAPSULES—bottles of 30

approach by.

ampole LABORATORIES

Henry K. Wampole & Co., Incorporated, Philadelph

are se

facto

lished

By re

highe

patier

LEDE (folio form.

is tas

prolo

LEDE



in in

is ed of 1al

0 d

n d



Nutritionists agree that vitamin B deficiencies are seldom seen singly. Two or more B-complex factors are usually involved. B-complex multivitamin preparations, despite similarity of published formulas, do not agree quantitatively.

By recommending a preparation conforming to highest professional standards, you assure your patients the full benefit of B-complex therapy.

LEDERPLEX offers the entire vitamin B complex (folic acid and B10 included) in highly potent form. The palatable orange flavor of LEDERPLEX is taste-true, does not "wear thin" or go "flat" on prolonged dosage.

Each teaspoonful (Scc.) of LEDERPLEX Liquid contains:

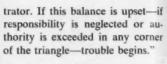
munches park middle	Comment
Thiamine HCl (B ₁)	2 mg.
Riboflavin (B ₂)	2 mg.
Niacinamide	10 mg.
Folic Acid	0.2 mg.
Pyridoxine HCl (B ₀)	0.2 mg.
Pantothenic Acid	2 mg.
Choline	20 mg.
Inocitol	10 mg.
Soluble Liver Fraction	470 mg.
Vitamin B.	5 mcem

Also available in tablet, cap sule, and parenteral forms.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY,



RIE



Costliest Tax Mistakes

What kinds of income-tax errors are most damaging to doctors? The kinds that perpetuate the legend that medical men are incredibly careless, if not actually crooked, in making out their returns. We're talking about errors so gross that any college graduate ought to be ashamed of them.

A couple of years ago, for example, a Midwestern M.D. worked out his own tax return and took it to the local office of the Internal Revenue Service. A Government man there glanced at the return, made sure it was signed properly, then said "O.K." The doctor took this to mean he was in the clear. He spent the next few weeks telling colleagues how foolish it was to waste much time on taxes.

Just recently, the blow fell.

It seems the doctor had bought an X-ray machine in October of that year—and had deducted the full price under "drugs and supplies."

Then, when he'd come to "depreciation," he deducted another \$1,000 for the same machine.

He'd also claimed a year's depreciation on a new car bought in June, then used immediately for a vacation trip.

Finally, under "medical ex-

*AVEENO ® Colloidal Oatmeal is available in 18 oz. and 4 lb. boxes when a diagnosis cannot readily be made..

84 MEDICAL ECONOMICS · MARCH 1957

you can always count on ACE rubber elastic bandage

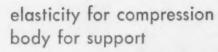
in ankle sprains

muscle support

varicose ulcer

in lympnedema





ACE Bandages combine fine rubber yarn and highest quality long-staple cotton in a "balanced weave" that assures optimal therapeutic results through uniform support.



BECTON, DICKINSON AND COMPANY . RUTHERFORD, N. J.

MEDICAL ECONOMICS · MARCH 1957 85

XUM

preine,

-if au-

ner

ors Γhe end

bly , in

e're hat

be

amout

t to ev-

nan ade hen s to ent col-

aste

ight

of

the up-

'de-

ther

icaex-

penses," he'd deducted all the nursing and funeral costs that accompanied a death in his family.

These glaring errors cost the doctor \$11,000 in back taxes and penalties.

Not many physicians make such mistakes. But those who do are undoubtedly the reason why tax agents pay special attention to all doctors' returns.

What can the medical majority do about it?

The best thing they can do, it seems to us, is to take taxes seriously—to read about them and talk about them and thus influence colleagues to do likewise.

Tax information is all around us

(as witness three major articles in this issue). Tax accountants are available in almost every town. So the physician who makes whopping mistakes simply has no valid excuse.

It's time the rest of the profession made him realize it.

Profession's Protector

Once there were three great professions: medicine, theology, and law. But now professional status is claimed by almost every group that does more mental than manual labor.

This has diluted professional status—not just in this country, but



FOR HARD, DRY STOOLS OF Constipated Babies

Borcherdt

MALT SOUP

A gentle laxative modifier of milk. Just 1 or 2 tablespoor fuls in day's formula softens stools, usually over night. Promates aciduric bacteria. Grain extractives and potassium ions contribute to gentle laxation. Safe and easy to use.

GOOD FOR GRANDMA, TOO!

Especially valuable for thin, under-par elderly patients with hard, dry stools. Supplies nutritional factors from rich barley malt. DOSE: 2 Tbs. A.M. and 2 Tbs. P.M. until state are soft, then 1 or 2 Tbs. P.M. Take in coffee or milk ted malt ex
Samples and literature on request

BORCHERDT MALT EXTRACT CO. 217 N. Wolcott Ave., Chicago 12, III. In Canada: Chemo-Drug Company, Ltd., Terodo

86 MEDICAL ECONOMICS MARCH 1957

buoy up
your patients
nutritionally

in pregnancy lactation convalescence deliciency states dietary restrictions digestive dysfunction

with

Saturation Dosage

of water-soluble vitamins B and C

ALLBEE with C

in

So ng x-

es-

is

at

a-

a-

ut

night. cotaseasy

milk.

AN IMPORTANT CLINICAL CONSIDERATION:

the rising incidence of moniliasis since the introduction of broad spectrum antibiotics

EXAMPLE: Candida albicans (monilia) as a cause of vaginitis1.2

191	6	1956					
-							
40.1	4-	-					
			Parent.				
-5		4					
and the same of th			2 3 3 3 5 5				
	- B	12					
3 55-7							
Trichomonas	Monilia	Trichomonas	Monilia				

The use of any antibiotic may cause the troublesome and potentially serious complication of monilial superinfection by suppressing the bacterial flora of the intestinal tract and allowing monilia to proliferate.

"Even one day of therapy may be sufficient to provoke an unfavorable cheir of events and this fact should be kept in mind whenever a patient is to receive an oral antibiotic for even a minimal period of time."

Mysteclin provides well tolerated therapy for the many common respiratory, gastrointestinal and genitourinary infections which respond to tetracycline and at the same time protects the patient against the monitial overgrowth so often associated with the use of broad spectrum antibiotics.

References:

 Lee, A. E. and Kolfer, W. S.: Northmore Most. 33:1227, 1984. R. Pace, H. R., and Schurtz, S. I.; D.A.M.A. 162:268, 1966. S., Metager, W. S., et al., Paper presented at 4th Anneal Symposium on Antibiotics, Washingien, D. C., Cet. 17, 1986. SQUIBB

Southb Quality - the Priceless Ingredient

i m

the or

MYSTECLIN IS PARTICULARLY INDICATED IN:

- debilitated or elderly patients
- retients requiring high or prolonged antibiotic dosage
- · infants particularly prematures
- patients receiving concomitant cortisone or related steroid therapy
- · diabetic patients

on

he

- patients who have developed a monilial complication on previous broad spectrum therapy
- · women-particularly during pregnancy

because the danger of monitial superinfection is greatest in these patients

the only broad spectrum antibiotic preparation with added protection against monilial superinfection

Mysteclin

AVAILABLE AS:

Mysteclin Capsules: 250 mg. Steelin (Squibb Tetracycline) Hydrochloride and 250,000 units Mycostatia (Squibb Nystatia), bottles of 16 and 100.

Mysteckin Hell Strength Capsules: 125 mg. Steclin (Squibb Tetracycline) Hydrochloride and 125,000 units Mycostatin (Squibb Nystatin), bottles of 16 and 100.

Mysteclin Suspension: fruit-flavored oil suspension containing the equivalent of 125 mg. Steelin (Squibb Tetracycline) Hydrochloride and 125,000 units Myco-Litin (Squibb Nyetatin) per 5 cc., two-ounce bottles.

"WETCHING TOTAL AND THE CONTACTOR AND DOUGH THANKS AND

all over the whole civilized world.

Fading along with professional status are the prerogatives that attracted many men to medicine: the right to considerable freedom from restrictive laws; the right to practice under a self-imposed code of ethics; and within these broad boundaries, the right to serve humanity on one's own terms.

One group that's in there fighting to preserve professionalism is the World Medical Association.* In ten years, it's had modest success in opposing laws that would have restricted medical freedom and in promoting higher medical standards through a universal ethics code.

It would probably be more successful if American doctors supported it better.

Only about 5,000 U.S. physicians are members of the U.S. supporting committee, paying \$10 annual dues. The committee* would like 5,000 more. That would be another \$50,000 a year invested in the fight to preserve professionalism.

Worth it, we'd say-and more.

END

*Its full name is the United States Committee of the World Medical Association, 10 Columbus Circle, New York 19, N.Y.

This is the nongovernmental group of fifty-three national medical associations, including the A.M.A. Don't confuse it with the World Health Organization, a tax-supported agency of the U.N.

Physiological Sleep without Hangover

DOSAGE: For insomnia, 1 to 2 feaspoonfuls on retiring. In cases of nervousness, the sedative dose is ½ to 1 teaspoonful repeated up to 3 times daily. Maximum dosage 3 teaspoonfuls per diem.

Your patient's nerves are steady after a good night's sleep due to BROMIDIA. Quiet and deep sleep occurs within the hour

No drowsy after-effects • No Hangover • Bromidia is a balanced combination of chloral hydrate, potassium bromide and ext. hyoscyamus. The bromide increases and prolongs the hypotic effect of the chloral hydrate, while the hyoscyamus helps to tranquilize the restless patient.

Available on prescription in 4 fld. oz. and pint bottles.

At all pharmacies.

For steady nerves

Test Bromidia yourself • Mail the coupon

BATTLE & COMPANY 4026 Olive Street, St. Louis 8, Missouri, ME-3

Please send me professional literature and sample of BROMIDIA.

M.D.

ADDRESS ..

CITY

ZONE STATE

a broader spectrum of topical antibacterial activity than any single agent

NEOSPORIN'

for topical bacterial infections DERMATOLOGIC & OPHTHALMIC



om cal

th-IC-

Ipsi-S. 10

ıld nin ale.

ND

mm,

ght's

curs

nidia

otas-

mide

the

s to

ffles.

'NEOSPORIN' brand ANTIBIOTIC

OPHTHALMIC SOLUTION

Pelymyxin B-Gramicidin-Heemycin Bottles of 10 cc. with

'NEOSPORIN' ANTIBIOTIC

DINTMENT Polymyxin 8-Bacitracin-Heomycin

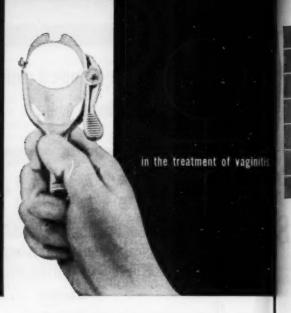
Tubes of 1 oz., 1/2 oz. with applicator tip, and 14 or. with ophthalmic



MUX

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.





new...simple...effective...topical therapy

Clinical evidence shows Sterisil Vaginal Gel to be highly effective not only against Trichomonas and Monilia, but against the newly discovered pathogen Hemophilus vaginalis (now believed to be the etiologic organism most frequently responsible for so-called "non-specific" vaginitis and leukorrhea).*

High tissue affinity of Sterisil assures prolonged antiseptic action; vaginal secretions are less likely to remove Sterisil from the site of application. Sterisil is also more convenient for the patient. Fewer applications are required for successful treatment.

Acceptable to patients, Sterisil Vaginal Gel is easily applied, won't leak or stain, requires no pad. Signs of local or systemic toxicity or sensitization have not been reported.

Dosage: One application every other night until a total of 6 has been reached. This treatment may be repeated if necessary.

Supplied in 1½ oz. tube with 6 disposable applicators. Instructions for use are included with each package.

*Gardner, H. L., and Dukes, C. D.: Am. J. Obst. & Gynec. 69:962 (May) 1955.

STERISIL VAGINAL GEL

WARNER-CHILCOTT

Doctors some in you neve Reports handled because hand wit The sar for it's i

cause,

The new mptometer Commander

"Makes Dictation Easy as Talking to an Old Friend"



initis

inal

or

or

ave

her

ed.

if

lis-

for

. J.

All controls are in the paim of your hand ... with UNIMATIC REMOTE CONTROL MICROPHONE



- Dictate
- Listen
- · Unlimited Review
- e Frase unwanted words
- · Mark end of letter... electronically
- · Use same machine for dictation, transcription
- · Lifetime belt-never wears out

Try it FREE in your office

Doctors tell us, "At last I'm free of the bothersome mechanics of dictation." Reason is, you never touch the Comptometer COMMANDER. Reports, forms, case histories, letters, are handled as easily as talking to an old friend, because ALL controls are in the palm of your hand with UNIMATIC remote control microphone. The same machine serves as a transcriber... for it's as easy to transcribe as to listen, because, with perfect dictation, there's no need

for time-wasting, error-breeding pre-editing. Best of all, the Comptometer COMMANDER. actually pays for itself over and over. The mailable Lifetime guaranteed Erase-O-Matic belt wipes clean, electronically, in a second, ready for re-use thousands of times. No recurring cost for belts, discs, or cylinders.

Learn how easy dictation can be-how anyone can turn out a greater volume of perfect letters easier, faster! Want proof? Mail the coupon!

ptometer - BETTER PRODUCTS. Felt & Tarrant Mfg. Co. 1714 Marshfield Ave., Chicago 22.111. In Canada: Canadian Comptometer, Ltd. 581 Yonge St., Toronto S. Can. Arrange a FREE office trial for me on: ☐ Send me literature on: ☐ Comptometer COMMANDER ☐ COMPTOMETER Comptometer COMPTOGRAPH "202" Name. Comptometer COMPTOGRAPH "262 No lost hand motion. More fine fee tures than any other 10-key machine Try it FREE—use coupen. COMPTOMETER—World's festest way to figure. Try if FREE on your work in your effice. Use coupon. Address. __Zene___State.

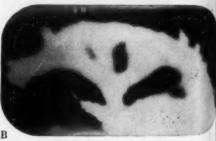
because TACEs

in body banks ...the menopause is sm

Radioautographs
prove
unique
, TACE
fat storage*



*Tests performed for The Wm. S. Merrell Company by an in pendent radiological laboratory. Radioactive iodine supplied by U.S. Atomic Energy Commission, Oak Ridge National Laborator



Cynec, 63
Verner, H. N
1551. 3. Woo
1553. 4. Aus

Bickers, V

... Dallas,

... Clin. End
tax Sympos
ment of

... Edwards,

n. Gillam,

... Clin. End
tarmon, W. I

Trace, 65:10

radioauto
TACE sto
In a cont
without T
of the iod
Radioauto
is stored
if the ioass
of Greeni

TRADEMARKS TA

s stored

noother.

Section of omental fat containing TACE tagged with I131 (A) leaves radioautograph evidence (B) of TACE storage in body fat. In a control study 1131 was administered vithout TACE. There was no evidence of the iodine in any of the body fat depots. Radioautographs prove that TACE s stored in "body banks," supporting the at bioassay findings of Greenblatt1 and Thompson.2

aboras Cynec. 63:1361, 1952. 2. Thompson, C. R., and Verner, H. N.: Proc. Soc. Exper. Biol. & Med. 77:494, SI. 3. Woodhull, R. B.: Obst. & Gynec. Surv. 3:201, 4. Ausman, D. C.: Wisconsin M. J. 41:190, 1954. Bickers, W .: Scientific Exhibit, Southern Med. Ast., Dallas, 1952. 6. Benson, R. C., and Garetz, J. W.: Clin. Endocripol. 13:258, 1953. 7. Allen, W. M.: E Symposium, January, 1952. 8. Editorial: Manent of the Menopause, J.A.M.A. 158:566, 1955. Edwards, B. E.: J. Indiana M. A. 47:869, 1954. Gillam, J. S.; Hunter, G. W., and Darne, C. B.: Clin. Endocrinol. 14:272, 1954. 11. Nulsen, R. O.; nea, W. B., and Hendricks, H. O.: Am. J. Obst. & ec. 65:1048, 1953.

RK: TACE

The only oral estrogen giving prolonged relief for months after cessation of therapy. An average duration of relief from menopausal symptoms of 2.95 months after discontinuance of TACE therapy has been reported.3 This prolonged response to TACE encourages adaptation to the normal postmature state, so that further courses of therapy are not usually required.4

The only oral estrogen that is released from fat depots1-7 simulating ovarian secretion. The unique fat-storage property of TACE produces a clinical response free from the gross variations in estrogen stimulation common with other estrogens.3 Symptomatic relief is steady and measurable, subjectively and objectively.3-5, 10

TACE, only orally administered, is notably free from pituitary activity and other side effects. In four series, totaling 257 patients, 250 TACE-treated cases experienced no withdrawal bleeding.1-9,11

Only TACE has all three requirements for effective hormonal treatment in the menopause.8 1. Long-acting-TACE is the only long-acting orally administered estrogen. 2. Orally administered-TACE is administered only by mouth and stored in body fat.1 3. Inhibits pituitary activity-in experimental animals TACE has less tendency to produce pituitary hyperplasia than other estrogens.9

Supplied: Capsules containing 12 mg. TACE, in bottles of 70 and 350.

Average TACE dosage: 2 capsules daily for thirty days. Severe cases may require additional short courses.

A 15-minute color film, with sound, on the endocrine trigger mechanism of lactation is available for your use. The film, titled "TACE for Suppression of Lactation," was prepared with the assistance of Robert W. Kistner, M.D., Assistant in Gynecology, Harvard Medical School, Boston. For use of the film, write: Department of Professional Service, The Wm. S. Merrell Company, Cincinnati 15, Ohio; or contact your Merrell Service representative.

THE WM. S. MERRELL COMPANY New York · CINCINNATI · St. Thomas, Ontario

MEDICAL ECONOMICS · MARCH 1957 95

y an i

lied by



The gentlest doctors in town

use

Nupercainal

soothing topical anesthetic

OINTMENT, 1%, in 1-ounce tubes with "peel-off" labels and rectal applicator; 1-pound jars for office use.

CREAM, 0.5%, in 1%-ounce tubes.

OPHTHALMIC OINTMENT, 0.5%, in ophthalmic-tip tubes of 4.0 Gm. each.

2/2214M

96 MEDICAL ECONOMICS · MARCH 1957

- to control topical pain in minor office procedures and in the removal of surgical dressings.
- to control pain and itching in dermatitis, anorectal disorders, mucocutaneous lesions, chronic ulcers, abrasions, sunburn and other minor burns.

Nupercainal Ointment (dibucaine ointment CIBA)

Nupercainal® Cream (dibucaine cream CIBA)
Nupercainal® Ophthalmic Ointment (dibucaine ophthalmic ointment CIBA)

CIBA

SUMMIT, N. J.

to h

Vitamin Vitamin Vitamin Thiamina Riboflav Pyridoxii

Vitamin Folic aci Niacinan Galcium Ascorbic Calcium,

(as ca lron, ele (as fer lodine, e (as po Potassiu

Copper (Magnesis Mangane Zinc (as

SQUIB

Squibb



to help assure a nutritionally perfect pregnancy

Each Engran Tablet supplies:

Vitamin A 5,000	U.S.P. Units
Vitamin D 500	
Vitamin K (as menadione)	0.5 mg.
Thiamina mononitrate	3 mg.
Riboflavin	3 mg.
Pyridoxine HCI	2 mg.
Vitamin B ₁₂ activity concentrate	2 mcg.
Folic acid	0.25 mg.
Macinamine	ZU INV.
Calcium pantothenate	5 mg.
Ascorbic acid	75 mg.
Calcium, elemental	150 mg.
(as calcium carbonate 375 mg.)	
Iron, elemental	10 mg.
(as ferrous sulfate exsiccated 3	
lodine, elemental	
(as potassium iodide 0.2 mg.)	
Potassium (as the sulfate)	5 mg.
Copper (as the sulfate)	1 mg.
Magnesium (as the oxide)	6 mg.
Manganese (as the sulfate)	1 mg.
Zinc (as the sulfate)	1.5 mg.

SQUIBB



Squibb Quality-the Priceless Ingredient

ENGRAN

Squibb Vitamin-Mineral Supplement

TERM-PAK

250 economical Engran tablets plus attractive, purse-size, tablet dispenser

- maximal dosage convenience just 1 small tablet daily
- new convenient package just 1 bottle holds nutritional support for the full term

for greatest patient cooperation in prenatal supplementation

Also available: Engran tablets, bottles of 100 and 1000.

'ENGRAN' & AND 'TERM-PAK' ARE SQUIDE TRADEMARKS

Tor

val

er-

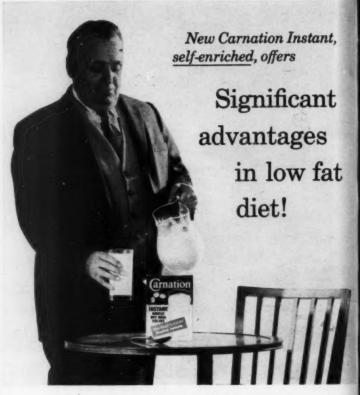
cors,

or

0

inė

A



1/4 more protein, richer flavor than ordinary nonfat milk!

Carnation Instant, new crystal form of nonfat milk brings a new dietary advantage – delicious self-enriched nonfat milk. One extra tablespoon of crystals per glass, or ½ cup extra crystals per quart, provides richer flavor and significant nutritional advantages over the usual nonfat milk.

CONVENIENT. Mixes instantly

in ice-cold water with a light stir. Ready to drink, at home or away from home, with delicious fresh flavor.

MORE PROTEIN. Self-enriched Carnation Instant provides ¼ more milk minerals, B-vitamins and protein than ordinary nonfat milk – actually 41.3 grams of essential protein per quart.

HEALTH CENTER LIBRARY

LYALOID

RAUWOLFIA

ie

a-li-

Unwind patients gently with new

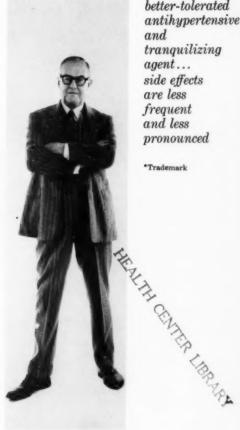


A new alkaloid of rauwolfia...

XUM

III-K





the safer, better-tolerated antihypertensive and tranquilizing agent ... side effects are less frequent and less pronounced

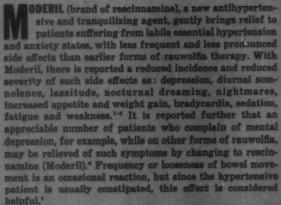
*Trademark

for improved control of hypertension and tension

MODERIL

MANO OF RESCINISALING

Better tolerated...affords enhanced antihypertensive tranquilizing effects...side effects reported less frequent and less severe



The tranquilizing effect of Moderil should be of value in the treatment of many conditions for which the barbiturates and other sedatives have commonly been prescribed. Examples are anxiety, tension, nervousness, irritability—in normotensive as well as hypertensive patients who feel more serene with Moderil, yet with properly adjusted doesn't their drive and energy.

Supplied as oval, scored, yellow tablets, 0.25 mg., and oval, scored, salmon tablets, 0.5 mg.

1. Hershberger, R. L.; Dennis, E. W. and Morse, J. H.; Am. J. M. Sc. 881:542 (May) 1986. 2. Moyer, J. H.; Dennis, E. W. and Ford, B.; A.M.A. Arch. Int. Med. 88:530 (Oct.) 1986. 3. McQueen, E. G., and Smirk, F. H.; Postgrad. M. J., No. 866, 28:88 (Feb.) 1986. 4. Smirk, F. H., and McQueen, E. G.; Lancet 8:110 (July 16) 1981

PPIERR LABORATORIES, Division, Chas. Pficer & Co., Inc., Brooklyn S, N. Y.

Pfizer



See how you rate on this

Tax-Savings Test

If you get a high score on this quiz, you're probably all set for maximum tax savings. You'll find the correct answers on page 102

- 1. Two doctors regularly refer patients to each other. At Christmas they exchange gifts. On his Federal income tax return, should each doctor consider the amount he pays for the gift...
 - (a) As a nondeductible personal expense; or
 - (b) As a business expense and thus deductible; or
 - (c) As a deductible business expense *only if* he includes in his income the fair market value of the gift received?
- 2. Last December your 2-year-old car skidded on an icy road and grazed a tree. The damage wasn't covered by insurance, and it cost you \$150 to have the car repaired. For a casualty deduction, should you...
 - (a) Get a dealer's appraisal of the car's market value just before and just after the accident, then deduct the difference; or

THESE QUESTIONS are based in part on material supplied by the American Institute of Accountants. The answers have been checked with the Internal Revenue Service.

TAX-SAVINGS TEST

- (b) Simply deduct the amount of the repair bill; or
- (c) Deduct the repair bill only if you were using the car professionally at the time of the accident?
- 3. Last January you purchased a set of medical reference books for \$100. On your tax return for 1956, may you . . .
 - (a) Deduct the entire cost as a current expense; or
 - (b) Deduct only the annual depreciation, as with other professional assets; or
 - (c) Deduct nothing unless the books replaced a set that had been destroyed?

Taxes on E Bonds

- Some years ago you bought a number of Government savings bonds (Series E) and listed your young son as joint owner. They were intended to cover his college education costs. If you now have him cash them in to pay his tuition, will the accumulated interest be taxable income . . .
- (a) To you as the real owner of the bonds; or
 - (b) To him as the real owner of the bonds; or
 - (c) To neither one, since the money is used for educational purposes exclusively?

- 5. You get three loans: the first for office equipment, the second to make repairs for a tenant, and the third to cover your son's college tuition. In computing taxable income, can you deduct ...
 - (a) The interest on the first loan only; or
 - (b) The interest on the first and second loans only; or
 - (c) The interest on all three
- 6. You own several types of securities. Which of the following forms of income from them is taxable?
 - (a) Stock dividend (common stock distributed to commonstockholders); or
 - (b) Interest on state and municipal bonds; or
 - (c) Interest on bonds of a tax-exempt educational institution?

Working Daughter

- 7. You are in individual private practice. By acting as an occasional receptionist for you, your 17-year-old daughter earned \$650 last year. She has filed a return in order to get a refund of taxes withheld from her wages. Should you . . .
 - (a) Take no deduction for the wages you paid her, or

bus

(b) Deduct her wages as a business expense and take a \$600 exemption for her; or

first

cond

, and

s col-

tax-

t . . .

first

first

three

of se-

wing

m is

mon

non-

mu-

of a

nsti-

vate

cca-

your

rned

a re-

d of iges.

for

or

(c) Deduct her wages as a business expense but not take the \$600 exemption?

8. Which of the following isn't a deductible business expense?

(a) Subscriptions to professional publications; or

(b) Income taxes paid to the state you practice in; or

(c) The costs of attending an A.M.A. convention?

Gifts to Charity

- 9. You gave your church a small piece of real estate for which you had paid \$500 some years ago. Its value at the time of your gift, in 1956, was \$1,500. As a result, should you . . .
 - (a) Pay a capital gains tax on the \$1,000 increase; or
 - (b) Claim a tax deduction of \$500; or
 - (c) Claim a tax deduction of \$1,500?
- 10. For which of the following may you *not* claim a \$600 dependency exemption on your 1956 tax return?
 - (a) Someone living in your household who's receiving more than half his support from you but who's not related

by blood, marriage, or adoption; or

(b) Your aged brother who's a resident of Canada but who's entirely supported by you; or

(c) Your daughter who came home from college and was married on Dec. 31, 1956, and who now plans to file a joint return with her husband?

11. You recently sold twenty-five shares of stock for a gain of \$1,000. You had held these shares for just under six months. You had no other capital-asset transactions. Is your tax on this transaction...

(a) The same as for ordinary income; or

(b) Limited by the top tax rate of 25 per cent; or



- (c) Levied on only 50 per cent of your capital gain?
- 12. You made a gift of stock to your 21-year-old son who's still incollege. If the dividends amount to more than \$600, does this mean...
 - (a) The dividends are considered income to you rather than to him; or
 - (b) He must file his own return and you can no longer claim him as a dependent; or
 - (c) He must file his own return but you can continue to claim him as a dependent?

- 13. Your office is in a wing attached to your home. Last fall you had to reshingle half the office roof. Should you . . .
 - (a) Regard this as a capital improvement and depreciate the cost over a period of several years; or
 - (b) Regard this simply as a repair bill and deduct the entire amount on your 1956 return; or
 - (c) Deduct nothing now, but subtract the full amount from any profit you make on a future sale of the property?

The Correct Answers

- 1. (c) This is the answer given by the Internal Revenue Service in a new booklet, "Tax Guide for Small Business, 1956," that doctors will find helpful. You may obtain the booklet from the office of your District Director of Internal Revenue (cost: 30 cents).
- 2. (b) The I.R.S. has relaxed its former stand. It will now accept a repair bill as proof of the extent of a casualty loss, "if the repairs do nothing more than restore the property to its condition

- immediately before the casualty and do not add to [its] value, utility, or useful life . . ."
- 3. (b) An expensive set of books like this would probably be regarded as a capital asset. But the cost of individual books you buy during the year can be deducted as current business expenses.
- 4. (a) Since you bought the bonds and kept control of them, the Government regards you as the real owner who's liable for the tax. The interest would be

had m gift of time y

5. and seed as a terest allowa unless standa

6. ization educa requir must from 17.

ble if even t ceeds lost, si

isn't a pense itemiz you're duction

9. charit ue of t You a taxable to your son only if you had made a clear and irrevocable gift of the bonds to him at the time you bought them.

ng at-

st fall

ne of-

apital

eciate f sev-

as a

e en-

6 ге-

from

a fu-

ualty

alue,

t of

ably

isset.

ooks

n be

s ex-

the

nem,

u as

for

i be

Interest Deductions

- 5. (c) The interest on the first and second loans can be deducted as a business expense. The interest on the third loan is an allowable personal deduction—unless, of course, you take the standard deduction.
- 6. (c) Certain types of organizations, such as religious and educational associations, aren't required to pay taxes; but you must pay a tax on all interest from their bonds.
- 7. **(b)** The wages are deductible if they're reasonable. And even though her gross income exceeds \$600, the exemption isn't lost, since she's under 19.

State Income Taxes

- 8. (b) The state income tax isn't a deductible business expense; but it may be taken as an itemized personal deduction if you're not using the standard deduction.
- (c) Your deduction for a charitable contribution is the value of the gift at the time it's made.
 You are not considered to have

realized a taxable gain when you give away property that has increased in value.

10. (c) You're not entitled to a dependency exemption for your daughter if she files a joint return with her new husband. But if she doesn't file jointly with him, you can claim her as an exemption, since you supported her during 1956.

Taxes on Gains

- 11. (a) But if you had held the stock beyond six months, you would have had a *long*-term instead of *short*-term capital gain. You would then have been taxed on only 50 per cent of the gain, and the tax itself could not have exceeded 25 per cent of the gain.
- 12. (c) The dividends are considered income to him, assuming that the gift is bona fide. But even though he's over 19 and has income of more than \$600, you can continue to claim him as a dependent as long as he's a full-time student and receives more than half his support from you.
- 13. (b) While it's not always clear where a repair ends and a capital improvement begins, most tax agents would probably accept your treating this expenditure as a repair bill.



I Built My Practice Around a F

This physician offers all his patients full medical care for a fixed annual fee. How does he manage it? Here's his eye-opening story

By I. Jay Schiff, M.D.

N

g

gi

Ca

ar

is

m

ch

hi

na

ble

wi

co

35

tie

de

To many practicing physicians, the subject of prepaid medical care is anathema. Especially in the larger cities, it evokes bitter memories of patients lost to closed-panel plans. Or it evokes sorrowful thoughts about fees regulated by third parties.

But I'm wholeheartedly in favor of one prepayment plan I know of: my own. It's a pay-by-the-year arrangement I worked out and put into effect in my office over eight years ago. So I know from experience that it works.

I'm engaged in the private practice of internal medicine. But it's my opinion that the pay-by-the-year idea can also be adapted to such other fields as general practice and pediatrics. Actually, it's been used for some time at least in a limited manner—by many pediatricians and obstetricians who have prearranged fees for stated periods.

THIS ARTICLE has been judged the best original article written by a physician for the 1956 MEDICAL ECONOMICS Awards. As such, it has earned the \$500 first prize for its author, a Beverly Hills (Calif.) internist.

and a Pay-by-the-Year Plan

But their arrangements are limited to special situations. My prepay plan is virtually all-inclusive. Each patient engages my services by the year. And for his annual fee he gets the following:

1. Two complete physical examinations a year.

On the initial visit, I do a complete history and physical, including a blood count, urinalysis, chest fluoroscopy, and an electrocardiogram. If additional laboratory work is needed, I schedule further appointments.

Thereafter, a letter is sent to the patient every six months reminding him that he's due for his semi-annual check-up. Each such examination consists of an interval history, complete physical, and again a blood count, urinalysis, fluoroscopy, and electrocardiogram.

The routine laboratory work (including BMRs and blood sugars, when indicated) is done in my own office, without additional charge. The adult patient is also asked to get a chest X-ray every six months; and annual Papanicolaou smears of the cervix are taken on all women over 35. These and such other laboratory procedures as protien-bound iodine, uric acid, and nonprotein nitrogen determinations are performed by a private laboratory. The patient is charged for them directly by the laboratory.

2. All necessary office visits, house calls, and hospital

ull

es

ry

.D.

aid

es,

nel

gu-

ent

ge-

ver

ks.

di-

an

ice

nd

ds.

ian 500 visits, no matter how frequent.

Office visits include diathermy or heat lamp treatments without additional charge. And the patient gets most injections at cost. For instance, if a series of estrogen injections is indicated, the patient buys the prescribed medication from a pharmacy; and there's no additional charge for giving the injections. If it's a low-cost type of injection—e.g., penicillin, tetanus toxoid—the patient gets the whole thing without charge.

His Annual Fees

What about the fees for this yearly service? I had to arrive at them more or less arbitrarily, since I knew of no similar plan with which to make comparisons. So I decided to base the yearly fee on the patient's ability to pay.

Actually, I separate patients into two main divisions: those of average income and those of higher-than-average income. But I consider this classification as pretty flexible.

As a rule, family income of over \$10,000 a year puts a family in the above-average income group. For single individuals, \$6,000 is the dividing line.

My annual fees for the aver-

age-income group are as follows:

1

hov

pati

vio

few

bee

a p

with

It's

trie

suc

The

nos

1

eve

ren

Inst

thei

ice

mai

froi

who

ply

hop

nes

to t

basi

it, I

I re

who

also

for

F

Single person: \$70. Married couple: \$110.

Additional dependents: \$30

For the above-average-income group, my annual fees are:

Single person: \$100. Married couple: \$150.

Additional dependents: \$50

each.

Incidentally, I accept children only if they're 7 or older. I feel that by this age they've generally had the usual communicable diseases and the customary inoculations. Even so, I explain to the parents that if these younger children fall ill with anything I think beyond my capabilities, I'll expect a pediatrician to be called in.

Charge Is Elastic

As I've said, my fee system is flexible. I know that some patients are likely to make abnormal demands on my time—known cardiacs, say, or diabetics. In such cases I charge \$100 for the average-income individual and \$150 for the above-average earner. The extra fee is my compensation for the extra services that will probably be required of me.

But since there's no telling how much of a drain the neurotic patient may be, I don't accept obvious neurotics in the plan. On a few occasions, to be sure, I've been mistaken in my appraisal of a patient and have had to cope with severe neuroses for a year. It's been quite a burden, but I've tried to be tolerant. After all, such situations are my own fault: They're actually missed diagnoses!

ows:

\$30

come

\$50

ldren

feel

erally

e dis-

cula-

o the

inger

ing I s, I'll

alled

em is

pa-

onor-

ne-

abet-

\$100

livid-

aver-

s my

serv-

e re-

XUM

Neurotics Not Renewed

When their year is up, however, I tell these patients I can't renew the yearly arrangement. Instead, I offer to continue to see them regularly on a fee-for-service basis.

Fortunately, there haven't been many such situations. When confronted with an obvious neurotic who wants to join the plan, I simply inform him—tactfully, I hope—that the nature of his illness is such that I couldn't afford to take care of him on a yearly basis.

Where circumstances warrant it, I often reduce the annual fee. I reduce it not merely for those who can't afford the full sum but also—as a matter of courtesy—for pharmacists, doctors' secre-

taries, close friends, not-so-close relatives, and the like.

Whatever his payment, every patient gets the same type of care. And he can pay for it according to almost any financial arrangement he wants. My office merely stipulates that, if it's at all possible, he should be completely paid up by the end of six months.

No definite down-payment is required. And if the patient has insurance that pays for some of the services he gets from me, such reimbursements are applied to his account or returned to him.

When a patient decides to accept the yearly plan, my secretary asks him which of the income categories he belongs to. That's all there is to it. We make no investigation. And our trust has rarely been abused.

Nothing in Writing

As you can see, the whole program is handled on an informal basis. There are no written contracts for the patient to sign. I don't have any printed literature to describe the plan. Most new patients have been told about it by others. If not, it's explained to them by my secretary or me.

So far, the program has been conducted without any enlarge-

ment of the facilities I had before I started it. But I'm happy to say I'll have to move into bigger quarters in the near future.

My present office consists of a reception room, business office, consultation room, two examining rooms, lavatory, and a small laboratory. I employ only one girl. She's both a business aide and a laboratory technician. Needless to say, she's extremely capable. She has to be, in order to survive the ever increasing workload. (I'm now in process of hiring another girl for at least part-time work.)

Hour for New Patients

Partly because of my aide's efficiency, we've got our office routine well in hand. For a new patient's history and examination, we always set aside an hour. If time allows, the routine laboratory work and the electrocardiogram are done on this first visit. If not, the patient gets another appointment.

We allow a half-hour for each six-month check-up. And by arranging our schedule so that we have no more than four such check-ups a day, we give ourselves enough time for other office visits. I see patients by appointment only—except, of course, for emergencies.

ke

be

as

as

be

th

OV

va

m

TI

du

Or

po

After eight years of the plan, I feel I can adequately judge both its advantages and disadvantages. And I think I can do so from the patient's point of view as well as from the doctor's. Let me begin with the disadvantages:

The patient's only major objection to the program would probably be that his coverage is limited by my practice being limited to internal medicine. Granted, the field is a broad one; it's among the few specialties in which the patient can get adequate check-ups. And granted, too, that if the patient consulted me on an individual service basis, I'd still have to refer him to another doctor for any condition he might develop that's outside my field.

Even so, I must admit that a general practitioner *could* offer my patients broader coverage than I can.

My own major objection to the program has been that I must devote a large percentage of my time to routine physicals. Still, I know I've been able to diagnose a number of early, asymptomatic diseases on physical examination alone. And that knowledge helps keep this part of my work from becoming irksome.

rse,

n, I

oth

ges.

the

l as

egin

ob-

ould

e is

im-

ant-

it's

in adeted, lted asis, ann he my

at a offer age

my ll, I ose atic tion Another objection: I don't see as much nor as varied pathology as the average internist. That's because, for the most part, I see the same individuals over and over. To make up for the lack of variety, I maintain my appointments to various hospital clinics. Thus, the giving of time to clinics has become more than a heavy duty to be performed merely in order to retain hospital staff appointments.

Now consider the many ad-

vantages of my annual-fee plan:

1. I know which patients are mine. Too often, the private practitioner sees a patient once or twice and then never again. But I have no doubt that I'm my patients' doctor—for a whole year, at least.

2. I believe I can better evaluate any patient's symptoms and complaints because I become acquainted with him over a period of time. I'm also able to make comparisons with my previous records and laboratory tests. Thus I can sometimes detect sig-



nificant changes earlier than I otherwise could.

- 3. Because I feel freer to practice as I please, I think I practice better medicine. If I want to follow a patient more closely, or if I want to repeat some laboratory work, I can do so without worrying about the patient's ability to pay additional fees. And I don't have to concern myself with whether the patient might feel I'm doing extra work in order to swell his bill.
- 4. My income is secure and steady. It isn't dependent on the number of sick patients I see. If I take a vacation, whether for two weeks or a week-end, I know my income is continuing.

Whenever I go away, incidentally, I'm covered by a colleague with whom I've exchanged coverage for years. When I see a patient for him, I don't bill the patient; instead, I explain that his own doctor will keep track of his account. My colleague reciprocates with my patients. As a result, pay-by-the-year patients don't have to worry about additional fees while I'm away.

I've practically eliminated the collection problem. Any payby-the-year patient who still owes me money at the end of the year is simply told he won't be renewed for the coming year until his account is cleared up. (I tell him I'll be glad to see him on a fee-per-visit basis, of course.) But this happens seldom.

As for advantages from the patient's point of view—well, first of all, he can feel he has a family doctor who's personally interested in him. He knows he need not hesitate to see me for even minor complaints.

I tell all patients it's to our mutual advantage that I see them at the very beginning of an illness. And my pay-by-the-year people take this advice to heart, since it doesn't cost them anything. The results are good. For example:

An elderly woman who'd been on my plan for several years came to see me. She complained of a vague chest pain. She was sure nothing was wrong with her, but there'd been so many articles in the newspapers about heart attacks....

I agreed there was probably no cause for alarm. The pain was vague; there were no other symptoms. But I took an electrocardiogram to reassure her. Surprisingly, the ECG showed evidence of a recent posterior myocardial infarction. [MORE ON 341]



be un-(I on e.)

pa-

rst ily er-

ed

lu-

at

ss.

it

he

en

ars ed

as

er.

les

at-

no

as

p-

IT-

is-

ce

al

1]

M.D.s' Mortality: Better Than You Think

Yes, physicians are beating the mortality averages. But two causes of death still rate the special label of 'doctors' diseases'

Contrary to popular belief, doctors have longer life expectancies than laymen do. They have lower death rates in almost every age group. And they're less susceptible to almost all the leading causes of death. The significant exceptions: heart disease and diabetes.

These and other facts illustrated on the following pages are drawn from a new study by Frank G. Dickinson, Ph.D., and Leonard W. Martin, M.A. The two analysts are associated with the A.M.A. Bureau of Medical Economic Research.

In the course of their study—the first of its kind in a decade—they examined the death certificates of 10,738 physicians who died between 1949 and 1951. Then they related their findings to the total physician population and to the mortality experience of white males of the same ages. Among their most significant conclusions:

"At the start of their careers, physicians have approximately forty-five years of life ahead of them." There-

M.D.S' MORTALITY

after, according to Dickinson and Martin, life expectancies among M.D.s average as follows:

¶ At 35, physicians have about thirty-six years of life ahead.

¶ At 50, physicians have about twenty-three years of life ahead.

¶ At 65, physicians have about thirteen years of life ahead.

These life expectancies are up to three years longer than those reported for physicians back in 1925. And they're up to a year longer than life expectancies reported for laymen today.

In every age bracket except 60-69, doctors' death rates are substantially below laymen's. Here are the revealing figures:

Age Group	Doctors' Death Rate
25-29	36% below laymen's
30-34	22% below laymen's
35-39	34% below laymen's
40-44	14% below laymen's
45-49	8% below laymen's
50-54	6% below laymen's
55-59	8% below laymen's
60-64	3% above laymen's
65-69	1% above laymen's
70-74	1% below laymen's

WHAT DOCTORS DIE FROM

Heart Disease 49%

Malignant Neoplasms 14.3%

Vascular Lesions 11.2%

Accidents 4.6%

General Arteriosclerosis 1.9%

Diabetes Mellitus 1.9%

Suicide 1.8%

Influenza and Pneumonia 1.5%

Nephritis and Nephrosis 1.2%

Cirrhosis of the Liver 1.1%

Tuberculosis, All Forms 1.1%

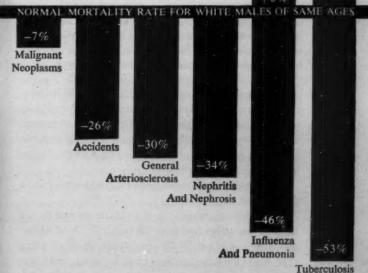
Other Causes of Death 10.4%

HOW DOCTOR DEATHS DIFFER

Diabetes Mellitus + 35%

Two causes of death affect physicians more than laymen. Six causes of death affect physicians less. This chart shows how much more or less, expressed in percentages above or below the mortality rates for all white males.

Heart Disease



MEDICAL ECONOMICS · MARCH 1957 113

END

cept

n's.

en's

en's

en's

en's

en's

en's en's en's

n's

n's

:



Take a lesson from these

malpi

M Ca

fid

for

go

pic

be

ob

his

Ry

Str

op

me

sin

wit

3. THE CASE OF THE

By Xavier F. Warren

EDITOR'S NOTE: Here is the third in a series of true incidents selected from the confidential file of a malpractice insurance company's claims adjuster. Although names and identifying details have been changed, the stories accurately portray recent happenings. Each case highlights the danger of some form of haste or carelessness on the part of the doctor.

Not all malpractice cases are defensible. Sometimes claims that could ordinarily be resisted have to be allowed because of something the physician failed to do. As senior adjuster for a big insurance company, I've had to settle many such claims out of court rather than let the doctor in for a hopeless battle before a jury.

Take the case of an obstetrician I'll call Struthers and a G.P. I'll call Donaldson:

Dr. Donaldson is quite good at obstetrics and does a lot of it. One of his first-time OB patients, a Mrs. Ryder, had a deformed pelvis. Dr. Donaldson knew all about that. It was a result of poliomyelitis, for which he'd treated her some years ago. So he pulled an X-ray of her pelvic region out of his files.

iese

E

UNREAD X-RAY

After examining the film in the shadow box, he told Mrs. Ryder: "I think we'd better play it safe and do a Caesarean."

She and her husband hesitated. They had every confidence in Dr. Donaldson. He'd been her family's doctor for twenty years. Still, a Caesarean. . . Wouldn't it be a good idea to get a second opinion?

Dr. Donaldson of course agreed. The consultant he picked was Dr. Struthers, with whom he'd often worked before. Struthers was one of the county's best-known obstetricians.

The G.P. telephoned him, explained the poliomyelitis history and what the X-ray showed. Then he sent Mrs. Ryder over to his office. After examining the patient, Struthers agreed a Caesarean was indicated.

Dr. Donaldson and Dr. Struthers were both in on the operation. And somehow the baby was injured by instruments when the uterine incision was made.

Not long afterwards, the parents brought suit against both doctors for malpractice. That's when I was called in, since both doctors carried professional liability insurance with my company.

Now almost any mother-if her baby is born injured

—is likely to believe it was the doctors' fault. This is a well-known malpractice hazard. So when the injury seems a result of the normal risks of the procedure, we go allout to defend the doctors. We planned to do so in this case.

Then we discovered we couldn't. Here's why:

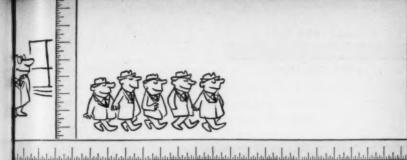
Our company's consulting radiologist looked at the X-ray. Yes, he said, the pelvis was deformed; but the deformity didn't really encroach on the birth-canal space. From the X-ray evidence and subsequent X-ray pelvimetry, doing a vaginal delivery looked entirely practicable to him.

Since accidents are a normal risk in Caesareans, we could have fought the suit if the Caesarean had been provably necessary. Unfortunately, our radiologist had destroyed the allegation of a necessary operation. What was worse, Dr. Struthers admitted that he himself had never looked at the X-ray. This was the key omission that destroyed his defense.

It seems to me that a treating physician ought to get a radiologist to interpret films when there's any possibility at all of damage as a result of treatment. Personally, I'd insist on that precaution any time the line of treatment depended on the X-ray interpretation.

In this case, the error had originally been the G.P.'s. But because the consultant had accepted the G.P.'s interpretation of the X-ray without challenge, the case against him seemed indefensible, too. We settled out of court in behalf of both doctors.

Why, I wonder, don't treating physicians and consulting physicians always review laboratory and X-ray findings together? If they don't do it together, they may hang separately—as this case shows.



Yardsticks for Your Practice

The seventh in a series of reports based on MEDICAL ECONOMICS' 8th Quadrennial Survey, to which 10,919 M.D.s have contributed data

This month you're getting three sets of yardstick figures. One set deals with the salaried doctor, another set with the doctor in a partnership or group, and a third set with the woman doctor. Whether or not you come under any of these headings, you can use the figures on the following pages to arrive at a comparative rating of your own practice.

In the months to come, you'll get a series of economic profiles of general practice and the leading specialties—all portrayed in full financial detail.

Where are all these yardstick figures coming from? The answer goes back to 1929, the year of the crash. That was when MEDICAL ECONOMICS conducted its first broad survey of the doctor's business. Every four years or so since then, the magazine has made a still broader survey—a regular check-up of the profession's economic health that has no parallel for consistency.

[MORE ON 124]

YOUR PRACTICE

Spotlight on The Salaried Doctor

The typical salaried physician earns only seven-tenths as much as the typical self-employed physician. But the salaried man has compensations for his lower income.

One of them is more free time. He puts in ten hours less per week than the doctor who works for himself. Yet both men handle about the same number of patients per working day.

In the past four years, the salaried physician has improved his lot somewhat more than has the self-employed man. In 1952, the doctor-on-salary earned 68 per cent

Net Earnings of Salaried Physicians And Self-Employed Physicians

	Salaried	Self-Employed
General practice	\$10,400	\$14,817
Specialty practice	12,490	18,010
All types of practice	12,059	16,017

as

19 mo

plo

ha

as much as his independent colleague, compared with 70 per cent as much today. And in 1952 he worked only six hours a week less, instead of ten less, as now.

Figures in the following tables are medians. Those in the first three tables are for 1955; those in the fourth, for 1956. Salaried doctors are defined as those who derive more than half their net earnings from salary. Self-employed doctors are defined as those who get more than half their net earnings from fees for service.

Hourly Earnings of Salaried And Self-Employed M.D.s

	Salaried	Self- Employed
Gross	\$6.12	\$9.58
Net	5.26	5.97



MORE

1-

rs et er

ned nt

YOUR PRACTICE

▶ Though the typical self-employed specialist nets some \$5,500 more than the typical salaried specialist, the spread is much narrower in some fields. In industrial practice, there's almost no difference between the incomes of salaried and self-employed physicians. And in internal medicine, there's a difference of about \$600—in favor of the salaried man. But in specialties not shown here, self-employed doctors' earnings are considerably greater.

Four years ago, the ratio of the salaried to the selfemployed specialist's net earnings was about the same.

How Much Salaried and Self-Employed Specialists Net From Practice

* Specialty	Salaried	Self- Employed
General surgery	\$16,050	\$18,975
Industrial practice	13,000	13,017
Internal medicine	14,963	14,350
Obstetrics/gynecology	18,750	20,000
Pediatrics	13,350	14,992
Physical medicine	12,250	.13,500

Salaried vs. Self-Employed Doctors' Working Hours and Patient Loads

	Salaried	Self- Employed
Hours worked weekly	50	60
Patients seen daily	20	20



MORE >

me

the

rial nes nal of elf-

elf-

How They Fare in Par

ally

do

gro

lar

ear tab

In contrast to the typical solo physician, the typical doctor in a two-man partnership nets about 33 per cent more from practice. The typical member of a larger partnership or group nets about 43 per cent more than the solo man.

One reason why the man in a partnership or group does so well is that his costs are often held to a lower percentage of gross by the pooling of professional expenses. But the main reason—and one that should be more generally understood—is that the doctor in combined practice usu-

Net Earnings of Individual Physicians In Partnership or Group Practice

Type of Practice	Net per Doctor
Two-man partnership	\$19,966
Larger partnership	
or group	21,460
Solo practice	15,028

in Partnerships and Groups

C-

re

ip

n.

es

t-

ut

ly

1-

XUM

ally sees about 25 per cent more patients per day than does his solo counterpart.

As a result of his higher earnings, the typical partner or group physician has accumulated an estate one-fourth larger than that of the typical solo doctor.

The following tables show medians for self-employed physicians (those who derive more than half their net earnings from fees for service). Figures in the first two tables are for 1955; those in the third table are for 1956.

Professional Expenses Incurred by Doctors In Partnership or Group Practice

Type of Practice	Expenses per Physician	Expenses As % Of Gross
Two-man partnership	\$10,033	33%
Larger partnership or group	9,036	31
Solo practice	8,882	36

[MORE

YOUR PRACTICE

▶ Men in solo, partnership, and group practice all devote about the same amount of time to medicine. Yet the typical M.D. in combined practice sees five or six more patients per day than does the typical solo doctor.



[CONTINUED FROM 117] MEDICAL ECONOMICS' 8th Quadrennial Survey, like earlier ones, was planned and

CORRECTION

Last month's report on "Doctors' Working Hours" included a table (pg. 118) with two column heads transposed. The following is correct:

Patients Seen Daily	Hours Worked Weekly
40 or more	. 70
30-39	60
20-29	60
10-19	54
Under 10	48

executed by its editors. Questionnaires went out last April to almost 35,000 physicians in active, private practice. Exactly 10,919 M.D.s took the trouble to fill out the time-consuming questionnaire.

Columbia Uni-

u

ti

ci

ir

Number of Patients Seen Daily by Individual M.D.s in Partnerships and Groups

Two-man partnership	26
Larger partnership or group	25
Solo practice	20

[MORE

versity's Bureau of Applied Social Research did the tabulating.

After adjustments, the basic sample consisted of 5,178 questionnaires.* It faithfully reflects the actual distribution of doctors among general practice and the major specialties. It also reflects their known distribution by years in practice, geographic area, and city size.

In short, it's as representative a cross-section as you can find. And the figures drawn from it are as accurate as the conscientious efforts of doctors, editors, and statisticians can make them.

^{*}Two supplemental samples were drawn from the surplus questionnaires for use where indicated. One represents the lesser specialties in greater numbers than in the basic sample. The other represents salaried doctors—meaning those who derive more than half their net earnings from salaries.

YARDSTICKS FOR

والتواري والمراجع المحاجر المحاجر المراجع المراجع

YOUR PRACTICE

The Woman Doctor's Eco

Most women physicians face the same problems and opportunities as their male colleagues. But they earn considerably less. For example, the typical G.P. in skirts currently nets only 53 per cent as much as the typical G.P. in trousers. And the woman specialist nets only 56 per cent as much as *her* male counterpart.

Why this big differential? One reason is that the distaff doctor works shorter hours—about 25 per cent shorter, in fact—than does the male M.D. Accordingly, she sees only 75 per cent as many patients per day.

Her lighter patient load also leads to a higher ratio of



How Much Male

Field of Practice
General practice
Specialty practice

and Fe

ba

si

ph

aı

\$13,50 15,05

Economic Status

expenses to gross receipts. Even on an hour-for-hour basis, the typical female doctor nets only two-thirds as much from practice as the typical male doctor.

Comparatively speaking, the woman specialist is no worse off—and no better off—than she was four years ago. But the woman G.P.'s annual net has dropped from six-tenths to little more than half that of the male G.P.

The following tables show medians for self-employed physicians (those who get more than half their net earnings from fees for service). Figures in the first three tables are for 1955; those in the fourth table are for 1956.

and Female M.D.s Net From Practice

Women		Men	
Gross	Net	Gross	Net
\$13,500	\$ 8,000	\$23,983	\$14,959
15,050	Net \$ 8,000 10,050	28,027	18,027

MORE



fale

ice

YOUR PRACTICE

▶ Professional expenses of the typical woman doctor are only about two-thirds as high as those of her male counterpart. But the man earns more per dollar spent. For every dollar of net income, he pays out 56 cents in expenses. But every dollar that the woman M.D. nets costs



Hourly Net Earnings of Male And Female Physicians

Women \$3.97 Men 5.97 her

per

her 63 cents in expenses. Reason: She sees fewer patients per day, on the average, than her male colleague sees.

Professional Expenses of Male And Female Physicians

	Professional Expenses	% of Gross Earnings
Women	\$6,021	41%
Men	8,999	36

Hours and Patient Loads of Male **And Female Physicians**

	Women	Men
Hours worked weekly	46	60
Patients seen daily	15	20

END

re

nor Xsts

Is Reuther Bluffing Medicine?

The labor leader is devising one of the most comprehensive closed-panel plans. If he means business, Blue plans may be in for trouble

By Hugh C. Sherwood

Quite a few doctors these days are playing a new guessing game. It's called: Is Walter Reuther bluffing?

During the last few months, the red-haired labor chieftain* has laid the foundations for a big new closed-panel health plan. It's slated to compete directly with Michigan's Blue Shield and Blue Cross plans. It's also slated to offer much more comprehensive benefits—benefits, in fact, that are virtually all-inclusive.

If it ever gets off the ground, it could cause real trouble for the free-choice-of-doctor health plans. About half of the 3.5 million subscribers to Blue Shield-Blue Cross in Michigan are members of Reuther's United Automobile Workers union or members' dependents. If these members should switch to Reuther's new closed-panel plan,

in

ul

R

SI

IC/

^{*}Reuther is vice president of the A.F.L.-C.I.O. as well as president of the United Automobile Workers.

it would amount to the biggest setback the Blue plans have ever sustained.

What's more, Reuther says he'll open his plan to nonunion members as well. Thus he's apparently preparing to build a closed-panel plan in the Midwest that would be comparable to New York's Health Insurance Plan on the East Coast and to the Kaiser Foundation Health Plan on the West Coast.

But what Michigan doctors are wondering is this: Will Reuther let his plan get off the ground? Or is he using it as a lever to pry broader benefits from Michigan's Blue Cross and Blue Shield?

Before we examine some conflicting opinions on this, let's take a look at the plan itself. Why was it conceived? What will be its main features? How soon will it be ready to go into operation?

A little over a year ago, Michigan's Blue Cross plan asked the State Insurance Commissioner for a 23 per cent increase in premium rates. The hospitalization plan was ultimately granted a 15 per cent increase—but not before Reuther and his union had

¶ Denounced the request as unjustified;

¶ Accused "fee-hungry doctors" of overcharging Blue Shield subscribers; and

¶ Helped spark a public investigation of all the voluntary health plans in Michigan.*

[MORE ▶

st

25

le

d

ig

f-

el

1-

to

in

le

of

in

le

n-

n.

of

^{*}For full details, see "Labor Attacks the Blue Plans From Within," MEDICAL ECONOMICS, August, 1956.

Dissatisfaction with the Michigan Blue plans constitutes one reason why Reuther dreamed up a new health program. But there are other reasons, too. The labor leader thinks voluntary health plans in general offer too few benefits at too steep a price. He also thinks they could use some stiff new competition.

Says Reuther: "Prevailing health insurance plans overemphasize hospitalization and surgery. At best, they cover only about one-third of the average family's medical bill. Many of the benefits are hedged in by cash limits that leave the patient with large bills for services he thought were covered. Gross overcharges for doctors' services are commonplace.

'Natural Conspiracy'

"Neither Blue Cross and Blue Shield nor commercial insurers provide out-patient diagnostic and preventive services. By this omission, they encourage an unethical but perfectly natural conspiracy [among] patient, doctor, and hospital administrator to secure an in-patient admission for services that could be as well provided on an out-patient basis. "Coupled with other abuses,

such as hospitalizing patients for the doctor's convenience, unnecessary surgery, and inefficiencies in hospital organization and operation, these factors pyramid the cost of prepaid medical care."

No Doctor-Directors

All of which explains why Reuther established his Community Health Association last fall on a voluntary, nonprofit basis. Among its directors are labor leaders, representatives of three religious faiths, a banker, a businessman, an educator, and a judge. No doctors or insurance men.

But in mid-January, Reuther asked forty-four medical leaders from all over the country to attend a conference in Detroit. He made it plain that the attendance of the medical men did not mean they endorsed C.H.A. He said he merely wanted their views on how to assure good medical care.

Among those who came were:

Medical educators like Dr.
Ray E. Trussell, executive director of the Columbia University
School of Public Health and Administrative Medicine, and Dr.
James W. Colbert Jr., dean of the
St. Louis University Medical
School;

and D tive d Ford

1 F

W. 5

Amer

York Plan, direct the H

Dr. A
Michi
and I
presid
Shield
¶O
like I

man of on M Work Keefe Massa tal in

ther s

much

He sa 1. provide cluding service home

laneo

¶ Hospital men like Dr. Albert W. Snoke, president of the American Hospital Association, and Dr. Robin C. Buerki, executive director of Detroit's Henry Ford hospital;

its for

nnec-

encies

d op-

ramid

care."

why

mmu-

st fall

basis.

labor

three

busi-

ind a

rance

euther

aders

to at-

it. He

dance

mean

aid he

s on

care.

were:

e Dr.

direc-

ersity

d Ad-

d Dr.

of the

edical

Health plan people like Dr. George Baehr, president of New York City's Health Insurance Plan, and Dr. Clifford H. Keene, director of medical relations for the Henry J. Kaiser Company.

¶ Local medical leaders like Dr. Arch Walls, president of the Michigan State Medical Society, and Dr. Robert L. Novy, past president of Michigan's Blue Shield; and

¶Other well-known physicians like Dr. William Sawyer, chairman of the A.M.A.'s Committee on Medical Care for Industrial Workers, and Dr. Chester S. Keefer, physician-in-chief of the Massachusetts Memorial Hospital in Boston.

The doctors listened to Reuther spell out his program in as much detail as had been decided. He said:

1. He wanted the program to provide comprehensive care, including preventive diagnostic services; medical treatment in home and office; surgery; miscellaneous services like X-rays; and hospitalization.* The program would be community-wide in scope and would be operated on a prepaid, full-service basis.

2. He wanted to provide these benefits through group practice units working in local hospitals. Individual subscribers to C.H.A. would have to choose a family physician from among the members of the particular group that served them. (There have been reports that C.H.A. is considering placing members of such groups on full salary.)

3. He wanted free choice of plan. Thus, if a local union presently covered by Michigan's Blue plans should sign up with C.H.A., individual workers would be allowed to stay with Blue Cross-Blue Shield if they wanted to.

Three Hurdles Ahead

Reuther has set no target date for C.H.A. Many organizational details remain to be worked out. Three of them may prove to be real stumbling-blocks:

For one thing, the Detroit area has relatively few medical groups at present. "So," observes Dr. Arch Walls, president of the Michigan [MORE ON 296]

By comparison, New York's H.I.P. subscribers get their hospitalization insurance separately through Blue Cross.

Planning Your Family's Financial Future



Five Steps to Takeefe

Ir

fic

OW

po

da

oth

ser

era

ma

spa

It'

ob

me

gif

cia

Th

These easy-to-follow suggestions from a wellknown lawyer show the best way to begin arranging for wise disposal of your property

By René A. Wormser, LL.B.

Many a doctor works sixty hours a week for thirty years accumulating an estate—and assumes he can arrange for the proper disposal of it in a five-minute talk with his law-yer. Take my word for it that this can't be done.

Just recently, a busy physician rushed into my office and asked me to draw up a will for him. He had only a few minutes, he pointed out, but he knew exactly what he wanted.

Keeping his hat on, he gave me instructions: who was to get what personal effects, how much money was to go to each of his relatives and friends. The bulk of his estate, he said in conclusion, was to be left in trust for his wife and daughter. Then he started for the door.

I stopped him by asking: "How much of an estate do you have all together?"

THE AUTHOR combines a busy law practice with teaching, writing, and lecturing. He is chairman of the advanced estate-planning panels at the New York Practising Law Institute and author of a number of books on estate planning. One of them, "Personal Estate Planning in a Changing World," is considered the standard layman's guide to the subject. It's currently in its eighth edition.

Taksefore You Make a Will

He met the question with a frown. It grew deeper when I reminded him that Uncle Sam was also one of his beneficiaries—in fact, the one with first claim. He sat down, still with his hat on, and gave me a rough idea of what he owned and owed.

I made a quick estimate of his death taxes. Then I pointed out that his plan would leave little for his wife and daughter after the heavy taxes and many bequests to others.

So he finally took his hat off and canceled his other engagements. He stayed two hours. And he later came back several times to work out further details.

The average practitioner is much the same. He generally does no real planning for his estate. He has too many other people's problems on his mind to be able to spare much time for his own. So he draws up a simple will. It's not much to start with. After five years it may well be obsolete.

He doesn't realize that a will is only *one* of the instruments for taking care of dependents. He makes insufficient use of other instruments—e.g., gifts in trust, simple gifts, life insurance, and certain special assets.

His timing is bad, too. He often fails to provide financial assistance for his relatives when they need it most. They may need aid *before* his death or long *after* it, not

135

vell-

egin

erty

L.B.

rears

e for

law-

ffice

ily a

at he

was

o go

tate,

wife

e do

d lec-

New estate

orld,"

tly in

BEFORE YOU MAKE A WILL

just at the time his will is probated.

If you're such a man—and chances are good that you are—here's my advice to you: Don't begrudge the time it takes to devise a really worth-while estate plan. Your family's financial future may be assured—or marred—by what you do now.

To set up the right kind of program, you need a lawyer. But you can save the lawyer time (and yourself money) by lining up beforehand the essential facts about your estate. On the basis

of those facts, you can arrive at a tentative plan for the lawyer to check.

3

con

and

isn'

guio

che

ther be i I the

"Wa

have

It w

Mai

do t

such

it's h

help

lem

amo

A

Here's a simple, five-step procedure to follow in doing this preliminary planning job:

Step 1

Find out what you'll leave. Simply make a list of assets, showing the conservative value of everything you now own. And make another list of liabilities, showing what you owe. The difference between the total figures is the value of your present estate.

Estate Planning Starts Here

YOUR ASSETS

Home and/or office
Other real estate
Insurance and annuities
Securities
Personal effects
Medical equipment
Cash and accounts receivable
Business interests
Notes receivable

Copyrights, etc.

YOUR LIABILITIES

Current debts
Income taxes
Depreciation on value
of business property
Costs of dying (possible
hospital and nursing
bills)
Burial expenses
Fees for executor and
lawyers

itate trusi

Death taxes

You'll probably find the accompanying check-list of assets and liabilities helpful. The list isn't complete; it's merely a

guide. Your lawyer will want to check later on whether or not there are special items that should be included in your case.

I realize that your reaction to the check-list is likely to be "Wow! This man wants me to do a week of figuring. I simply haven't time!"

But I urge you to stick with it. It won't take as long as you think. Many of the items listed may not apply in your case. And you can do the job a bit at a time.

Anyhow, if you've never made such an analysis of your finances, it's high time you did. If you need help from experts for such problems as, say, estimating the amount of death taxes, don't hesitate to get it. You'll find that the trust officer of your bank will be glad to help if he knows you're

thinking of making his bank an executor. Or you can ask your accountant.

Step 2

Settle clearly who is to share in your estate. Your wife and children will probably be the main beneficiaries. But there may be others whom you'd like to remember or protect.

I'd advise you, though, not to make too many small bequests. If



you scatter your shots, you may not do justice to what you consider your main interests.

Step 3

Decide why each beneficiary on the list should get the specific property you plan to leave him. Ask yourself: What does he need that my estate can give him?

Money isn't the only answer to that question. Your estate can help provide a career or an edu-

rive at a

tep prohis pre-

leave. assets, e value vn. And bilities, The diffigures

t estate.

cation for a beneficiary. It can give someone a home. It can assure the continuance of a business for the benefit of one or more of your heirs.



Keep in mind that helping your relatives to work and earn money may be the greatest boon you can leave them. See to it you provide some room for them to make choices and changes; otherwise your plans may backfire.

Step 4

Decide with great care when to pass along your property. Most people think of death as the only time to dispose of an estate. Actually, the best time for giving away certain portions of it may be any one of three:

- ¶ During the owner's lifetime;
- ¶ At his death; or
- ¶ At some postponed time after death.

The idea of making a big gift

during your lifetime may appeal to you because it would save taxes. But you won't want to let the tax question obscure your judgment of what's best for the beneficiary. The money, which could do him much good in later years, might actually harm him if he got it now.

Or suppose you support your Cousin Annie. She's living at your house, and you want to make sure she has a home all her life. Should you set up a separate home for her now? Should your will provide a home for her at your death? Maybe, indeed, you



need do nothing for her, since you know your wife will look after her.

You often have a wide choice. You'll want to think hard before making it.

Step 5

Consult your lawyer about how to dispose of [MORE >

CC

ntihista



that waken the whole household...

CLISTIN EXPECTORANT

Clistin Expectorant is the only cough product containing Clistin—that well-accepted, potent mihistamine. Relieves coughs of the common cold and coughs of allergic or non-allergic upper respiratory conditions.

Clistin Expectorant—samples on request.

McNEIL

LABORATORIES, INC.

"anti-cough"...
antihistaminic...
completely safe
for pediatric use...
non-narcotic...

does not upset the stomach...

tastes wonderful

ORE

since l look

hoice.

before

about

your property. He may suggest any combination of the following devices:

The simple gift, made during your life.



The gift made in trust during your life. (With a trust, you can arrange for almost anything.)

Annuities and life insurance.

 Your will. (It can make straight hand-outs or set up trusts.)

 Individual disposition of special assets. (Your medical practice is one. Any business interest you have is another. Either can be disposed of to suit some special purpose.)

Part of the "how" is your private responsibility. You have the job of getting your estate ready for your beneficiaries and of getting the beneficiaries ready for the estate.

You know how hard it is to make and keep an estate. Will

your heirs be able to conserve what they get? If you can't answer with an unqualified yes, here's a suggestion:

Teach your family some economics. I'm not saying you should teach your wife to be economical; she may already be more economical than you. But she may also have no idea how to take care of major property when she gets it. And the same goes for your children.

You've probably heard the unhappy story of Dr. X, who did without all sorts of things for years, so he could keep up \$100,000 of life insurance for his wife. (There's a Dr. X in every community.) Like many women, Mrs. X knew nothing about managing. When her husband died, she put the insurance money into a real estate scheme and lost it all. Her current office job barely supports her and the two children.

Even so, she's better off than the widow of the high-powered surgeon who gave his family every luxury they wanted—while he was alive. When he died, he left almost nothing, and not one of his dependents was ready to support himself.

You've heard plenty of stories



when blood pressure must come down

increased antihypertensive benefits

Lowering of diastolic and systolic pressures Beneficial bradycardia Increase in renal blood flow

low dosage of Apresoline

Combined with Serpasil, Apresoline is effective at an average daily dose of only 200 mg. Thus, side effects such as headache and tachycardia seldom occur.

versatility

Easier management of hypertension is made possible by two tablet strengths of Serpasil-Apresoline.

All patients to be given Serpasil-Apresoline may benefit from priming with Serpasil.

SERPASIL-APRESOLINE Tablets #2 (standard-strength, scored), each containing 0.2 mg. of Serpasil and 50 mg. of Apresoline hydrochloride; Tablets #1 (half-strength, scored), each containing 0.1 mg. of Serpasil and 25 mg. of Apresoline hydrochloride.

Serpasil^{*} Apresoline

hydrochloride

(reserpine and hydralazine hydrochloride CIBA)

COMBINATION TABLETS

C I B A

rserve a't an-

you

e eco-

ow to

es for

l the

o did

100,-

wife.

com-

men,

died,

into

ost it

arely

chil-

than

rered

mily

vhile

i, he one ly to

ories



pleasant tasting AGORAL for constipation

Whenever constipation complicates therapy, prescribe Agoral . . . for gentle effective laxation.

WARNER-CHILCOTT

BEFORE YOU MAKE A WILL

like those two. They should give you pause.

Now one last point. If you should die tomorrow, your secretary could probably piece together some of your affairs. But how much does even she know about your finances? Have you clear records of what you own, what you owe, and what's owed you?

The moral is obvious:

Round up the details about your estate without delay. It will help you and your lawyer make plans now. It will help your family later.

Amusing . . .

Exciting . . .

Amazing . . .

Embarrassing . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your practice.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40 for it.

Address: Anecdote Editor, MEDICAL ECONOMICS, Oradell, N.J.

Against Pathogen & Pain

in urinary tract infections

Azo Cantrisin combines the single, soluble sulfonamide, Gantrisin, with a time-tested urinary analgesic - in a single tablet.

Prompt relief of pain and other discomfort is provided together with the wide-spectrum antibacterial effectiveness of Gantrisin which achieves both high urinary and plasma levels so important in both ascending and descending urinary tract infections.

Each Azo Gantrisin tablet contains 0.5 Cm Gantrisin 'Roche' plus 50 mg phenylazo-diamino-pyridine HCl. Gantrisin - brand of sulfisoxazole

ROCHE

Original Research in Medicine and Chemistry

LL

you creto-

But now you

wn. ved

out will ake ım-

END

XUM

'We Pack 'Em In at Our Medical Meetings'

These doctors have proved that a ten-point plan bristling with bright ideas attracts a higher percentage of their society's members

By James Basil Hall, M.D.

"Our medical society meetings are a farce. Few doctors attend them. Those who do attend are wasting their valuable time. Why don't we simply abolish such meetings?"

The speaker was a fellow-member of my county medical society. He made this drastic proposal after a particularly dull monthly get-together a few years ago. And he could have backed up his point with some disturbing statistics.

Of the 218,000 M.D.s in this country, some 60,000 don't think enough of their local medical societies to join them in the first place. Among those who do join, attendance at monthly gatherings is shockingly low:

According to latest available figures, no more than half the larger societies average as much as 25 per cent

THIS ARTICLE has won one of the 1956 MEDICAL ECONOMICS Awards for its author, a physician in Mount Dora, Fla. He is also secretary and treasurer of the Lake County (Fla.) Medical Society. 8pc

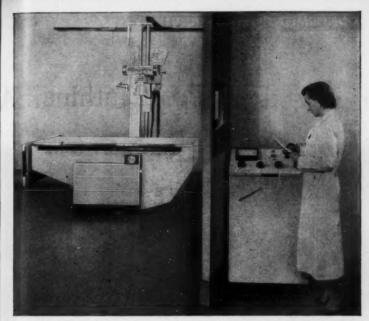
Th

cle

rac

Se

Th



The Diaflex X-Ray Installation is a Complete Radiographic-Fluoroscopic Unit with Spot Film Device

Where is the Spot Film Device?

By tilting the fluoroscopic tower, the Diaflex allows the spot film device to be parked at the head end of the table. This exclusive feature means clear-table and convenient radiography in all positions of the motor-driven table. Seconds later, the table can be converted to fluoroscopy. Diaflex Generator incorporates IDS - Inherent Density Stabilization—to assure quality radiographs on every exposure. Diaflex Units are functionally styled for group practice, clinics, hospitals and individual installations.

Write today for our bulletin on this ultra-modern Diaflex line-no obligation, of course.



YOU CAN BE SURE ... IF IT'S

The illustrated control of the

Westinghouse



X-RAY DEPARTMENT

Westinghouse Electric Corporation

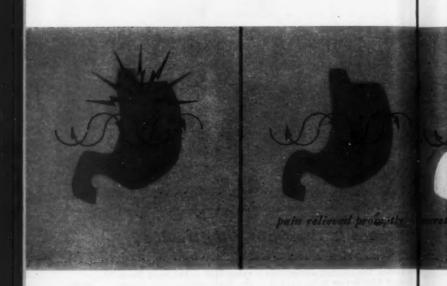
2519 Wilkens Avenue, Baltimore 3, Maryland

MEDICAL ECONOMICS · MARCH 1957 145

J-08337

CONFIRMED THERAPEUTIC UTILITY

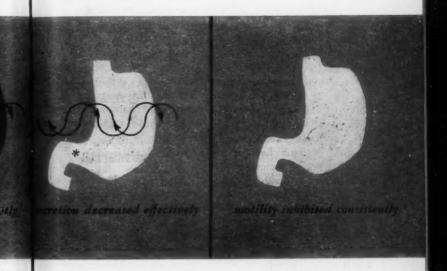
Pro-Banthine ... A Pri



Among the many clinical indications for Pro-Banthine cidence (brand of propantheline bromide), peptic ulcer is foremost During treatment, Pro-Banthine has been shown repeatedy in the to be a singularly valuable agent when used in conjunction in the with other standard measures: diet, antacids, sedation and meal a psychotherapy as required. Lichstein and his associates cago 8 report that Pro-Banthine "proved almost invariably effective in the relief of ulcer pain, in depressing gastric secretory Motility (Aug.) volume and in inhibiting gastrointestinal motility. The in-

The

APrimary Drug in Peptic Ulcer



anthin cidence of side effects," they state, "was minimal. . . ."

The therapeutic utility and effectiveness of Pro-Banthīne peatedy in the treatment of peptic ulcer are repeatedly confirmed junction in the medical literature. Dosage: One tablet with each ion and meal and two tablets at bedtime. G. D. Searle & Co., Chiociates cago 80, Illinois, Research in the Service of Medicine.

y effective thickstein, J.; Morehouse, M. G., and Osmon, K. L.: Pro-Banthine in the ecretory Treatment of Peptic Ulcer. A Clinical Evaluation with Gastric Secretory, Motility and Gastroscopic Studies. Report of 60 cases, Am. J. M. Sc. 232:156 (Aug.) 1956.

SEARLE

vhen

attendance. Only one in twenty such societies hits 50 per cent attendance on any one night. (By way of contrast, my town's civic club has an attendance average of about 95 per cent at its weekly meetings.)

He Ate His Words

Judging from these figures, thousands of physicians share my colleague's one-time opinion of the typical medical society meeting. Why do I call it a "one-time opinion"? Because he was forced to eat his words within a year.

Today our attendance rate (88 per cent) is the highest for any county medical society in the state. And my friend freely admits that our meetings are consistently interesting.

How did we effect this change? First, by accepting the idea that medical get-togethers *can* be worth-while. Secondly, by making them so.

Our local medical leaders took the first step toward better atfendance when they opened their eyes to two facts they'd previously ignored:

The members who seldom appeared at meetings were in the majority; and

The faithful minority was

largely to blame for the apathy of the rest.

Once a few of the "attending" physicians had faced up to these facts, it wasn't hard to agree on what could be done about it. Within a few weeks, our society was prepared to launch a program that would bring out the stay-at-homes.

We figured that if we could give the doctors what they obviously weren't getting—stimulating scientific programs and a congenial atmosphere—attendance would almost certainly increase.

Ten-Point Plan

Here are the highlights of the ten-point plan we developed and are still using:

1. We divide the membership into twelve groups, with each group responsible for one program a year. This arrangement spurs attendance. One program chairman says to another: "You get your boys out to my meeting and I'll get mine out to yours."

And since each group has plenty of time to develop its ideas, we're rewarded with twelve topnotch programs a year. Gradually, too, a spirit of rivalry has sprung up among the commit-



then your patients complain of itching ... inflammation

just a grope of Floringia Lotton



or 1/4 inch of Florinel-S Ointment



covers this large an area

florinef-S

OINTMEN

XUM

hy of

these ee on ut it.

pro-

obvinulatnd a

ttendly in-

of the

ership each proement

"You eeting

ideas, e top-

raduy has mmit-



Have you made your 1957 contribution to Medical Education?

12

Whether you make your gift through your Alumni Committee or through the American Medical Education Foundation — NOW is the time to support Medical Education.

Mail your check TODAY.

american medical education foundation

535 N. Dearborn Street
Chicago 10, III.

· This space contributed by the publisher

MEDICAL MEETINGS

tees. So the caliber of programs gets better and better.

2. We poll the members for suggestions. The society's corresponding secretary mails out a questionnaire around the end of every year. It includes the following questions:

"Would you prefer to meet at a different time and place? If so, when and where?"

"We're about to decide on the general subject area of next year's programs. Have you any suggestions?"

"Do you think our meetings have been running too long?"

"Can you suggest anything else that will improve our programs?"

The Parking Problem

The first time we tried such a mailing, we confirmed our suspicion that many members were dissatisfied with what they'd been getting. We also learned, to our surprise, that the local parking problem bore heavy responsibility for poor attendance.

By moving the meeting place to a less congested area, we showed right off that our request for suggestions wasn't just for show.

3. We ask other medical societies to recommend outstanding speakers. All societies within a

ers for correout a end of followneet at

on the next ou any

eetings g?" ything r pro-

such a r suss were d been to our arking nsibil-

place a, we equest st for

socinding hin a REDUCE PASH
IMPROVES FUNCTION

tlexin

(Zoxazolamine * McNeil)

engestic coated or plain

"...17 of the 20 patients with post-traumatic muscle spasm of the low back had excellent or good responses."

"In acute and chronic recurrent low back syndrome, seven of eight patients showed visible objective improvement."²

1. Wallace, S. L.: Zoxazolamine (FLEXIN) in Low Back Disorders, to be published. 2. Settel, E.: FLEXIN in Geriatric Skeletal Muscle Spasm, Am. Pract. & Digest Treat., in press.

Available: Tablets, Engestic Coated, pink, 250 mg.; bottles of 36. Tablets, scored, yellow, 250 mg.; bottles of 50.

*U. S. Patent Pending

McNeil Laboratories, Inc • Philadelphia 32, Pa.

01227

McNEIL

'PACK 'EM IN AT MEDICAL MEETINGS'

150-mile radius are periodically requested to send us the names of their two most popular speakers of the past few months. We reciprocate by passing along the names we get from other organizations.

Flattery Helps

In following up, we really roll out the red carpet. A typical letter of invitation to a prospective speaker begins like this:

"The Blank County Medical Society tells us your recent address on 'Hormones' was its number one program of the past few months. We're hoping you'll find time to talk to our society on that or any other subject you choose . . ."

We make a special point of inviting the speaker's wife to the auxiliary meeting the same night. This virtually guarantees the speaker's acceptance.

Our current meeting place adjoins the country club, and speakers are always urged to enjoy its facilities. We explain that their money is no good there-not even at the "nineteenth hole." This sort of treatment pays off in terms of future programs. Re-

hours of stress



OBRON t.i.d.

for pre-natal supplementation

"Stress of pregnancy . . . 24 hours a day, for the entire gestation, the postpartum period and lactation."1 In OBRON, 8 essential vitamins, calcium, iron and 8 other minerals are formulated to compensate for stress-conditioned gestational deficiencies.

In bottles of 100 soft, soluble capsules.

1. Tempkins, W. T.; in Modern Nutrition in Health and Disease, ed. by Wohl, M. G. and Goodhart, R. S., Les & Febiger, Philadelphia, 1955, p. 885.

CHICAGO 11, ILLINOIS

PEACE of mind ATARAX®

NOW-The Most Revolutionary ECG Development Since <u>Direct</u> Writing



ELECTROCARDIOGRAPH

Compactly designed, handsomely detailed, Raytheon's new ECG embodies a number of significant diagnostic and convenience improvements, including (1) Instantaneous Stabilized Lead Switching for uninterrupted continuity of recording as you switch from lead to lead. (2) "Quick-Change" Paper Cartridge—the fastest tested. Simple, speedy, convenient. (3) Interchangeable Plug-in Amplifier—replacement feature provides continuous and dependable operation. The "service-saving" heart of the unit.

The sum total of new Raytheon Electrocardiograph advantages: the new professional standard of performance—plus practical simplicity of design, operation and service made possible by Raytheon's exclusive Unitized Construction.

Ask your Medical Equipment Dealer for an office demonstration that must satisfy your demanding requirements.

RAYTHEON MANUFACTURING COMPANY

Commercial Equipment Division—Medical Products Department
Waltham 54, Massachusetts



ou'll on you inthe ght.

adakits heir not le." f in

, for

ins,

iod and

ditioned

, ed. by

Xŵ



frozen shoulder

Bursitis and tenosynovitis are new terms to homemakers, but they are not uncommon sequels to overexertion. Early antirheumatic therapy is to be encouraged in the treatment of these conditions, as it is in more serious rheumatic conditions, to alleviate pain and prevent progression of the disorder.

SIGMAGEN provides doubly protective corticoid-salicylate therapy—a combination of METICORTEN® (prednisone) and acetylsalicylic acid providing additive antirheumatic benefits as well as rapid analgesic effect. These benefits are supported by aluminum hydroxide to counteract excess gastric acidity and by ascorbic acid, the vitamin closely linked to adrenocortical function, to help meet the increased need for this vitamin during stress situations.

protective corticoid-salicylate therapy

SIGMAGEN

corticoid-analgesic compound Tablets

for patients
who go beyond
their physical
capacity

'PACK 'EM IN AT MEDICAL MEETINGS'

membering his visit as an unusually pleasant experience, the guest tells his speech-making friends about us.

Rx for Cancellations

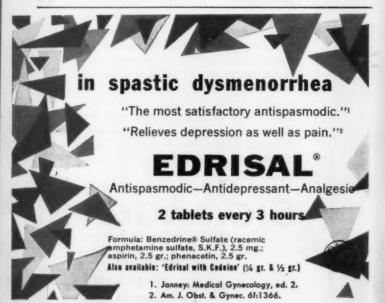
4. We keep a stand-by program ready for emergency use. After once having a scheduled speaker fail to arrive, we resolved we'd never be speechless again. So every January we ask each medical society member to write a 200-word description of his most interesting recent case. A committee selects the four or five papers with the widest appeal.

156 MEDICAL ECONOMICS · MARCH 1957

We then ask the writers to expand their reports to 600 or 800 words (three to five minutes' reading time).

If we're lucky enough not to need the material earlier, it makes a fine December program —especially when each report is followed by a general discussion of the case.

5. We tie every monthly program in with a prepaid dinner. The cost of the first nine meals is included in the society's dues. The last three dinners—and we announce this loud and often—are on the house. [MORE]





ravida I Para (1)

... and on the go

NATALINS-IPIF

Mead Johnson prenatal vitamin-mineral capsules—phosphorus-free Contain calcium...

Contain calcium... no phosphorus

She's pregnant, but she's active, travelling—on the go every day. That's why she needs a vitaminmineral supplement generously formulated for the stress of pregnancy.

Natalins-PF are formulated for the busy, modern woman. The capsules are small, attractive, easy to swallow. Just one to three capsules daily, according to need, help supply the increased requirements for vitamins, iron and calcium in pregnancy.

For some patients, you may prefer to prescribe Natalins* which contain both calcium and phosphorus.

MEAD JOHNSON

SYMBOL OF SERVICE IN MEDICINE

00

to it m

is

0-

r. is

S.

/e



MEDICAL MEETINGS

This system forces each member to "contribute" something to three-quarters of the meetings, whether he's present or not. And the three free dinners give everybody an incentive to attend fall meetings.

6. We announce every program in advance—and then send out two reminders. Our weekly newsletter has proved the most effective vehicle-more effective than a formal monthly bulletin. It regularly carries news of future programs, together with an account of the last one.

No more than six days before a meeting, the corresponding secretary sends out a reminder card. Each doctor's wife also gets a reminder card, since the auxiliary always meets on the same night. We schedule the meetings simultaneously for a good reason: The wife is less likely to forget than her busy husband.

7. We start and end every meeting on time. We've learned that this is probably the most important single thing the society can do to insure good attendance.

How do we control the time element? By handing out a printed agenda before the meeting starts. If the agenda fails to keep a long-winded member quiet, the chairman does his simple duty by saying something like:

STRESSCAPS

for resilience stress



tainous to busy persons under persistent

plenish the specific vitamin losses sustained by these indidaily stress, restoring their efficiency.

The STRESSCAPS formulation is based knowledge regarding ments of the human body under stress.



Mononitrate (B1)	
Ribofiavin (Bu)	
Niacinamide	100 mg
Ascorbic Acid (C)	
Pyridoxine HCt (Bit)	
	4 mcgm.
Folic Acid	
Odicium Pantothenate	
Vitamin K Menadione)	



LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID

mto! gs, nd ryfall

rond

kly

ost ive . It ire

ac-

ore ecrd. re-TY ht. ulhe an

ry

ed

n-

ty e.

ne

t-

ng

p ne y

'PACK 'EM IN AT MEDICAL MEETINGS'

"Dr. Blow, we appreciate your remarks, but it's now the time set by your program committee for the guest speaker. He will be introduced by our program chairman, Dr. Smith . . ."

I know of one medical organization that meets on fight nights. Its meetings never used to adjourn on time—and, as a result, they were sparsely attended. Recently a new president took over. He announced that, by golly, as long as he was in office, meetings would adjourn an hour before fight time. Since then attendance has increased by 30 per cent.

8. We make use of the ladies. While casting about for other approaches to doctors, we happened to notice what lovely wives some of us old fellows have. That led to mixed-company meetings. Every month the women join us for a "fellowship hour," then proceed to their own room for dinner and a speaker of their choice.

Within the first three months of combined meetings, our attendance jumped 25 per cent.

9. We make friends with medical students and new doctors in the community by offering them

SO you've

got a book! Or a lot of books on dietary measures But do your special-diet patients have the book that will encourage them to stay with the diet you've prescribed? Gerber's "Special Diet Recipes" offers over 96 interesting, easy-to-fix recipes for Bland, Soft, Mechanically Soft, Liquid or Low-Residue diets. For free copies, write: Gerber Products Company, Dept. 223-7, Fremont, Michigan.



160 MEDICAL ECONOMICS - MARCH 1957



In deference to her daintiness . . .

· Massengill Powder is buffered to maintain* an acid condition in the vaginal mucosa. It is more effective than vinegar and simple acid douches.

 Massengill Powder has a low surface tension which enables it to penetrate into and cleanse the folds of the vaginal mucosa.

 Massengill Powder has a "clean" antiseptic fragrance. It enjoys unusual patient acceptance.

 Massengill Powder solutions are easy to prepare. They are nonstaining, mildly astringent.

powder

indications:

Massengill Powder solutions are a valuable adjunct in the management of monilia, trichomonas, staphylococcus, and streptococcus infections of the vaginal tract. Routine douch-ing with Massengill Powder solution minimizes subjective discomfort and maintains a state of cleanliness and normal acidity without interfering with specific treatment.

sined a satisfactory acid con-West, J. Surg., Ohs., and Gyn.

Generous samples on request.

The S. E. MASSENGILL Company

Bristol, Tennessee

New York

Kansas City

San Francisco

MEDICAL ECONOMICS · MARCH 1957 161

pes

at

S.

18

n

or

ir

But book the

ecial

asy-

ally

free

any, gan.

'PACK 'EM IN AT MEDICAL MEETINGS'

assistance. We may, for example, lend surplus equipment to a newly arrived physician until his own catches up with him. Or we'll help him get hospital privileges at the earliest time consistent with sound medical practice.

Through close contact with the local department of health, we're able to get summer jobs for six or eight medical and pre-medical students a year. Such friendly gestures build goodwill—and future membership too.

10. We expel any member who misses more than 25 per cent of the meetings without a written excuse from the president of the society.

Too drastic? I don't think so. If American medicine is to present a united front, it can do so only through strong local societies.

The above formula is more than just a paper plan. It's a tested antidote for nonparticipation in medical society affairs. Its effectiveness is proved by the fact that there's no longer a single physician in our county who isn't either a member of the medical society or an applicant for membership.

I'm convinced that any other county society can accomplish as much by following our ten-point plan.

No Quarter Given

I'd just operated on a 3½-year-old girl to remove a 25-cent piece from her esophagus. I showed the coin to the waiting parents—and their worry changed to smiling joy. The father held out his hand for the quarter. "If you don't mind," I said, "I'd like to keep this for my collection of extracted foreign bodies. It's customary, you know."

After the child had recovered, the father came to my office to thank me. A fee of \$50 had previously been agreed on; so as he was leaving, he simply left a folded check on my desk.

When the door had closed, I glanced at the check. It was for \$49.75. On the back was written: "Balance for removal of quarter."

—FERNAND VISTREICH, M.D.

do so sociemore tested ion in effec-

nk so.

physiisn't edical mem-

other dish as point END HEALTH CENTER LIBRA

Announcing
a nzw
antibaetzrial
with
clouble-spectrum
action—

A new antibacterial
with double-spectrum action
plus a high degree of safety

Gantrimycin

'ROCHE'

Why is Gantrimycin so effective?

Because it provides Gantrisin plus oleandomycin (a new antibiotic) which mutually reinforce each other; and there is a high degree of safety plus a pronounced effect on most pathogens resistant to other antibiotics.

The double-spectrum action of Gantrimycin is valuable against both gram-positive and gram-negative microorganisms.

Each blue Gantrimycin tablet contains 333 mg Gantrisin and 75 mg oleandomycin.

Gantrisin®; Gantrimycin *.M.

HOFFMANN-LAROCHE INC. Nutley 10 · New Jersey

12" x

WHY BOIL?

when you can sterilize FASTER and SAFER in the

PELTON **AUTOCLAVE**

So Easily Operated

TRANSFER

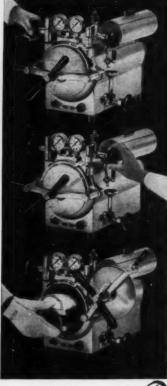
After loading, simply transfer steam from reserve to sterilizing chamber. In only a few seconds, temperature is attained.

DISCHARGE

When sterilization is completed, discharge steam to condenser after closing transfer valve and crack open the door.

UNLOAD

In a minute or two entire contents are removed completely sterile and dry. The autoclave is ready for second load.



AVAI	LABLE	:(
N 3	SIZES:	the	

Model FL-2, 6" x 12" sterilizing chamber

Model HP-2, 8" x 16" sterilizing chamber

Model LV-2, 12" x 22" sterilizing chamber

> See your dealer or send coupon.

/	7
	Un.
the	elton &
	CHARLOTTE 3,

NORTH CAROLINA

Gentlemen: I am				
Please send me	more informat	ion and pri	ices en mod	del.
☐ FL-2	☐ HP-2		LV-2	

Name	
Address	
City & State	

MEDICAL ECONOMICS · MARCH 1957 163



He Lost His Patients

Ever wonder whether you'll feel the pinch of closed-panel competition? This case highlights a danger that may be nearer than you think

By William N. Jeffers

Ten years ago Dr. Moses Kupperman had one of the largest general practices on New York's lower East Side. During an average day he'd see fifty patients. His treatment and examination rooms, attended by four aides, were almost always full.

Then his practice started to decline. It kept on declining until he was seeing fewer than twenty-five patients a day. And though there's been a slight pick-up in the past few months, he still sees fewer than thirty patients a day. He has only one office aide. His treatment rooms are often empty. He has office hours only four days and three evenings a week. His net income has dropped about 40 per cent.

What caused this drastic change? Answer: the competition of closed-panel plans.

Dr. Kupperman's type of practice almost inevitably made him an early victim of the struggle. Much of his work has long been among marginal-income people who must choose between charity care and low-cost private ca

th

co

W

fig

cl

m

pl

H

n

To the Closed-Panel Plans

care. And it is, of course, in this twilight economic area that closed-panel plans have made most of their initial converts.

In the last six years, Dr. Kupperman estimates, he has lost 25 per cent of his practice to medical groups affiliated with the Health Insurance Plan of Greater New York. He figures that another 25 per cent of his practice has gone to closed panels sponsored by the International Ladies Garment Workers Union and other labor groups.

Moses Kupperman is just one among hundreds of U.S. physicians thus affected by the wedge that closed panels are driving into the territory of individual private practice. How wide that wedge may prove to be and how deeply it may be driven is of vital concern to the entire profession. So perhaps a closer look at the Kupperman case may be instructive:

For years this G.P. enjoyed an unusually close relationship with his patients. Most of them were European immigrants who eagerly sought friends in a strange land. They found a friend in Dr. Kupperman.

They began coming to him not only for medical advice but also for guidance in personal and social problems. He seldom failed them. So it was that these people came to look upon their doctor as a sort of patriarch.

Himself the son of a Russian immigrant, Dr. Kupper-

rts

man was born just two blocks from where he now has his office. His father died when he was 4, and his mother had to support the family. Like his brothers, young Moe worked at odd jobs all through grammar and high school.

Then he put himself through the Long Island College of Medicine by working in a restaurant. He graduated as valedictorian of his class. Being only 20, he had to wait six months to get his license.

He interned at Beth Israel Hospital, spent two years as a Medical Corps lieutenant, and in 1920 began private practice on the lower East Side. It was a shoestring start. With his mother as his only office aide, he began an eighteen-hours-a-day, sevendays-a-week grind. He continued this without a let-up for eleven years.

No Time for Marriage

Dr. Kupperman was 35 before he took his first vacation—a threeday respite. He was 45 before he found time to get married. His bride was a nurse.

By the middle 1930's, his prac-

Message: WHILE YOU WERE OUT Mrs. Novak called while you were at the Tri-State meeting; needed another Rx for that new meeting; needed another Rx for ther. I suggested antipruritic you prescribed for her. I suggested she use Calmitol until you returned. She phoned
again, today; prefers Calmitol.
TIME: 4:50 p.m. WILL CALL AGAIN PLEASE CALL VIEL TAN ACKING
Thanks. Calmital is always a safe bette step stching Thanks. Calmital is always a safe bette step stching and it never sensitizes. Please tell Mrs. Novak to Continue Calmital—it will be much less to Continue Calmital—it will be much less to Continue Calmital—.
to Continual Calentary Expensive Heave the steroid. *Calmitol is the non-sensitizing antipruritic ointment supplied in 1½-oz. tubes and 1-lb. jars and (liquid) 2-oz. bottles by Thos. Leeming & Co., Inc., New York 17

166 MEDICAL ECONOMICS · MARCH 1957

Divis

IN TOPICAL INFECTIONS

THE PREFERRED TOPICAL ANTIBIOTICS

nd in e on as a other egan

nued

fore

ree-

e he

His

ac-

NEOMYCIN BACITRACIN POLYMYXIN in the
unique FUZENE "
base which releases
high antibiotic concentrations not obtained
with grease-base
ointments

NEO POLYCIN

Here is visible evidence that Neo-Polycin releases more antibiotics than grease-base ointments. Compare the zones of inhibition of Staph, aureus by Neo-Polycin (in the Fuzene base) and product A—a grease-base ointment.

Neo-Polycin Ointment contains per gram: 3 mg. of neomycin, 400 units of bacitracin, and 8000 units of polymykin B sulfate in the Fuzene base.

Supplied in 15 Gm. tube:

NEO-POLYCIN

NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT

Trademark

PITMAN-MOORE COMPANY

Division of Allied Laboratories, Inc.,

INDIANAPOLIS 6, INDIANA

MEDICAL ECONOMICS · MARCH 1957 167

izing jars,

k 17.

tice was huge. And it was constantly being expanded by the arrival of new immigrants in the neighborhood. Some days in peak seasons he saw seventy patients.

Yet to all he gave intensely personal care. Sometimes patients with common names like Levy or Farrell or Jones would telephone his office; and when the nurse would ask for the first name, they'd reply, "Oh, the doctor will know who I am." And he did. He had a knack of making each patient feel like just about the most important person in the world.

But by the late 1940's Dr. Kup-

perman began to notice that some of his old patients were no longer coming to him. At the same time, fewer new patients were turning up.

forc

six n

mov

drer

-tl

may

bec:

bor

effe

Wit

idei

dep

pre

the

Why Patients Go

Obviously, there are many reasons why doctors lose patients. People die, move away, no longer need treatment, or become alienated. There are also many reasons why a doctor may no longer attract new patients.

In Dr. Kupperman's case there were two personal reasons: In 1948 he had a major illness. This

for Nausea and Vomiting ALWAYS FIRST Highly effective when condition is functional; will not mask organic derangement; safe physiologic action . . . no drug side effects proved in: epidemic vomiting, functional nauseachildren, 1 or 2 tsp.; adults, 1 or 2 tbsp.; repeat every 15 minutes until vomiting ceases. "morning sickness" - 1 or 2 thsp. on arisproved in: ing; repeat in three hours and whenever nausea threatens. In bottles of 3 fl.oz. and 16 fl.oz. so NOT BELUTE KINNEY & COMPANY, INC. COLUMBUS, INDIANA

forced him to close his office for six months. Shortly before, he had moved with his wife and two children to Hempstead, Long Island—thirty miles from his office. He may well have lost some patients because of these things.

me

nger

me,

ea-

nts.

ger

en-

ea-

ger

ere

In

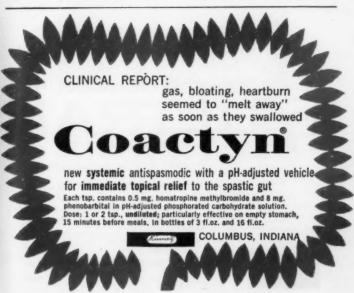
his

Neighborhood Changes

Changes in his office neighborhood may also have had some effect on the doctor's practice. With prosperity, many former residents have moved away to less depressed areas. And the once predominantly European cast of the locale has been altered by an influx of Puerto Ricans, many of whom get their medical attention in near-by free clinics.

But has this combination of factors been the main reason for Dr. Kupperman's big loss of patients?

He says it hasn't. He points out that he made a good recovery from his illness and was soon physically able to take on a normal patient-load. As for his commuting, numerous doctors elsewhere commute—yet have growing practices. And the neighborhood's social and economic shifts, though extensive, could hardly



MEDICAL ECONOMICS · MARCH 1957

HE LOST PATIENTS TO CLOSED PANELS

have caused such a sharp drop as took place.

Dr. Kupperman is convinced that the major reason, the key reason, for his shriveled practice is simply this:

Great numbers of his former patients have gone over to the closed-panel plans that have moved into the area.

The Evidence

How can he be sure of this? He's sure because he's had three unusual sources of information:

1. Former patients who have switched to closed-panel plans. A

number of them still return to their old family doctor for something no closed-panel service seems to give them: a feeling of warm, personal interest and understanding. They tell him things like this:

"Over there I don't get to talk out my problems, Doctor—not the way you used to let me. It's like an assembly line. I keep feeling that at 5 o'clock the doctor will drop his stethoscope and walk off."

2. A large housing development in the neighborhood. The place was built in 1950, and a

Mild, well-tolerated franquilizer

New ULTRAN

(Phenaglycodol, Lilly)

Mental acuity not impaired

Exhaustive psychological testing shows that recommended dosage does not affect intellectual or motor abilities. 'Ultran' is the first drug for which this has been established by objective and standardized quantitative tests.

300-mg. pulvules, usually 1 t.i.d.

ELI LILLY AND COMPANY • INDIANAPOLIS & INDIANA, U.S.A.

7/4222



For on-the-job relief of sore throat



BACITRACIN-TYROTHRICIN-NEOMYCIN-BENZOCAINE TROCHES

Sore throat patients want quick relief—and get it when you prescribe TETRAZETS troches. Given alone they are effective against mixed bacterial throat infections. In severe infections they are a useful adjunct to systemic antibiotics. Individually wrapped and easily carried, each TETRAZETS troche contains zinc bacitracin 50 units; tyrothricin 1 mg.; neomycin sulfate 5 mg.; anesthetic benzocaine 5 mg.



MERCK SHARP & DOHME

DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

MEDICAL ECONOMICS · MARCH 1957 171

to neice of inigs alk not it's elor nd

phe

Typical example of what the <u>new</u> anti-inflammatory enzyme can do

CHYMAR

Injectable anti-inflammatory enzymatic agent with systemic action



nu

pa

So

dle

pr ma

thi

pa

AI

co

pa

off

Typical "black eye" before Chymar therapy.



3 days after starting Chymar therapy. Chymar Injected in 0.5 cc. doses every 8 hours.

What it is-

Chymar is a suspension of chymotrypsin, a proteolytic enzyme, in sesame oil, for intramuscular injection.

What it does-

Chymar controls inflammation and restores normal circulation. It hastens absorption of hematomas, minimizes tissue necrosis and promotes healing.

Why Chymar is so safe-

There are no systemic side effects with Chymar. Chymar does not interfere with blood clotting, and no clotting time or serum protein determinations are necessary. There are no known contraindications to Chymar and no known incompatibilities.

Indications: Chronic ulcers (stasis, varicose, diabetic); reduction of hematomas; swelling due to trauma; cellulitis; bursitis and arthritis; phlebitis; and inflammation of the eye (iritis, iridocyclitis, chorioretinitis, uveitis).

Shipped in 5 cc. vials.



THE ARMOUR LABORATORIES

A DIVISION OF ARMOUR AND COMPANY . KANKAKEE, ILLINOIS

172 MEDICAL ECONOMICS MARCH 1957

number of Dr. Kupperman's patients moved in. Then a closed-panel plan blanketed it with an intensive membership drive. Soon Dr. Kupperman's house calls at the development dwindled to nothing.

3. A physician-nephew who rents space in his office. The nephew, besides having his own practice, handles Dr. Kupperman's house calls. About the time this arrangement was made, the nephew signed up with a closed-panel plan on a part-time basis. And today Dr. Kupperman encounters many of his own former patients when they come to the office to visit his nephew—who

now is their panel physician.

How does Dr. Kupperman feel toward the patients who've left him?

"Well," he says, "how can I blame them? When a union or an employer gives them a completeservice health insurance policy, of course they go along-even if they have to pay half the cost, and even if they have to go to unknown doctors on the panel. I realize there's much to be said for group practice. While it's apt to be impersonal, while it often fails to treat the patient's emotions, it may offer a range of specialized services no individual doctor could provide." [MORE >



oura.

Letters to a Doctor's Secretary



In this up-to-the-minute volume, MEDI-CAL ECONOMICS has assembled its complete, step-by-step course of instruction for the physician's aide. Sixteen chapters cover such topics as:

Handling patients Telephone technique Medical terminology Office routine

Case histories Bookkeeping Collections Medical ethics

Bound between handsome, black laminated covers, with the title stamped in gold, this convenient pocket-size book contains 75 information-packed pages! Prepaid price: \$2.

transmit are discontinuous, without					C. account		7419
Please retary.			Letters \$2.	to a	Doct	or's	Sec
******	****	()	lease p	rint)			
Street	***				****		***
City				!	State		
174	MEDI	CAL E	CONOM	ICS · N	EARCH	195	7

Dr. Kupperman's colleagues have recently been urging him to move uptown, where loss of volume might be balanced by larger fees.

So far, he has always refused. "This neighborhood is still home to me," he says.

Until recently, he seldom saw patients under 40 years old. "What I have now is a geriatrics practice," he commented wryly to a visitor some months ago.

Since then, his practice has shown signs of expanding a bit. And his new patients are almost all in their twenties and thirties. He attributes the pick-up to his having become a participating physician in open-panel health plans—particularly Group Health Insurance, and to a lesser extent Blue Shield—that are gaining in popularity among employe groups in his area.

Despite this hopeful improvement, Dr. Kupperman's oncethriving practice is still deeply dented by closed-panel competition. The thing that other doctors may well ask themselves about it is this:

If a man with such strong personal ties to his patients can lose them, what other doctor can be sure of holding his own practice against a developing closed-panel threat?

That's pecially curate constructions...

write for

shoe that understands children

... understands that young feet grow at different rates, in different ways.

And knows they grow not only in the Spring, but every season of the year!

That's why all Stride Rite styles are available in an especially broad size range... allowing for an especially accurate fit. Of course, Stride Rites' proven lasts and quality construction are the biggest reasons for this outstanding fit... and fit is one of the biggest reasons why so many doctors who know these fine shoes recommend them.



DOCTOR: If you are not already familiar with Stride Rites, and the Stride Rite shoe with Extra Support, wite for information to: Green Shoe Mfg. Co., 960 Harrison Ave., Boston, Mass.

im to f volarger

used.

old. atrics wryly o. has a bit. most rties. o his ating ealth

esser gain-

love

ove-

eply petictors bout

perlose

1 be

ctice

anel

END



The Tax Errors You're

One illegitimate deduction, or one failure to substantiate a legitimate one, can bring on a full audit. Here are the commonest mistakes

By John C. Post

To err is human—but to forgive and forget is hardly in the nature of the Internal Revenue Service. You can take the word of a California physician for it.

On his income tax return a few years ago, this doctor listed \$2,000 in uncollectible accounts as "bad debts." And he deducted the sum from his taxable income. Logic may have been on his side, but the Revenue Act wasn't.

This single error brought T-men to the doctor's office on the double. And once there, they put him through an exhaustive audit covering both his current and his past returns.

In the end, he had to pay taxes only on the \$2,000 item he'd mistakenly deducted, plus interest at 6 per cent. But he won't soon forget the ordeal.

You may know that the Treasury permits bad-debt deductions only when the uncollected money was actually a loan or was previously declared as income. If so, you wouldn't have pulled this boner. But are you aware of the

THE AUTHOR is a medical management consultant in Washington, D.C.

Most Likely to Make

other tax errors that your colleagues most commonly make?
Here are the ones that seem to pop up most often:

1. Claiming a fair-sized entertainment deduction and failing to back it up with supporting evidence. If your listed outlays for professional entertainment are at all substantial—say, more than 1 per cent of adjusted gross income—you're almost certain to be asked for details when your return is checked.

And what will the T-men want first? Evidence that the people you entertained came to you later as patients, or at least referred patients to you. That's why it's a good idea to write the names of your guests on the backs of canceled checks or receipted bills. And you'd better make sure your appointment book or referral record shows some of these same names.

2. Failing to separate professional and personal car expenses. Every doctor knows that the costs of a dual-purpose automobile have to be allocated proportionately. But many physicians have no records to justify the proportion of total expenses they claim for professional use. It's best to be ready with memoranda of professional mileage and total mileage for the year. The relation between these two figures should support the car-cost deduction you take.

If you're a two-car doctor, make sure the total expense

S

IN THE COMMON COLD...

to prescribe this new,
multiple-action compound
is to promote prompt relief
of symptoms and aid
in preventing
bacterial complications



- antibacterial
- analgesic
- antipyretic

- antihistaminic
- sedative
- stimulant

Supplied: Capsules, bottles of 36. Each capsule contains 62.5 mg. (100,000 units) of penicillin V, 194 mg. of salicylamide, 6.25 mg. of promethazine hydrochloride, 130 mg. of phenacetin, and 3 mg. of mephentermine sulfate.

PEN·VEE · Cidin

Penicillin V with Salicylamide, Promethazine Hydrochloride, Phenacetin, and Mephentermine Sulfate



Philadelphia 1, Pa.

178 MEDICAL ECONOMICS · MARCH 1957

you car type neur excl pital pens

doct terci effor and trips

his he'd

pen:

lower this simplified a usef

usef sult Thu with ten \$20

revi depr

ciati

you claim for your professional car appears reasonable for your type of practice. One Midwestern neurologist who worked almost exclusively in a near-by city hospital deducted automobile expenses far in excess of what a typical country G.P. would claim.

I.R.S. auditors found that the doctor had used his two cars interchangeably and had made no effort to keep records of business and personal use. On vacation trips, he'd preferred to drive his new professional car rather than his 3-year-old family car. But he'd deducted the former's expenses in toto.

Different Since 1954

3. Figuring out depreciation allowances incorrectly. Until 1954, this wasn't a major problem. You simply divided the cost of a capital asset by its estimated years of useful life, then deducted the result as depreciation each year. Thus, a \$1,200 X-ray machine with an estimated useful life of ten years and salvage value of \$200 gave you an annual depreciation deduction of \$100.

Then came the 1954 tax law revisions. These complicated the depreciation rules. To the traditional "straight-line method," two new depreciation methods were added: the "declining-balance" method and the "sum-ofthe digits" method.

Used properly, these methods allow you to write off the cost of professional property much faster.* But they can be used only for property purchased after Jan. 1, 1954—a point that some doctors overlook. Any equipment bought before that date calls for the old straight-line depreciation.

Those Capital Gains

4. Making no distinction between long- and short-term capital gains. A long-term gain (profit from the sale of an asset held longer than six months) is taxed at only half the rate of ordinary income. When the asset has been held for six months or less, the gain is considered shortterm and is taxed at the full rate (assuming in both cases that there are no offsetting losses).

But to some doctors the term "capital gain" is apparently synonymous with the lower rate. They make out their returns accordingly—and are rewarded with visits from the tax men.

5. Taking full deductions for

MEDICAL ECONOMICS · MARCH 1957 179

aminic

ins 62.5

ylamide,

enacetin,

Sulfate

nt

^{*}For details, see "How to Figure Depreciation Under the New Tax Law," MEDICAL ECONOMICS, October, 1954.



WHEN CONSTIPATION WAS A PROBLEM to the Egyptians—

Imhotep, the "first physician," discovered castor oil (2850 B.C.), which was later described in the Ebers Papyrus. Purging was not outmoded until the present century.

WHEN ATONIC CONSTIPATION IS A PROBLEM toda

Doxinate with Danthron is provided as a brown, soft gelatin capsule containing 60 mg. dioctyl sodium sulfosuccinate and 50 mg. Danthron (1,8-dihydroxyanthraquinone).

Average dose—one or two capsules at bedtime. Supplied in bottles of 30 and 100 capsules.

LLOYD BROTHERS, INC. CINCINNATI 3, OHIO

When stubborn chronic constipation exists, dry feces and weakened bowel activity require both fecal softening and mild peristaltic stimulation. Doxinate with Danthron provides the effective fecal softening of Doxinate and the gentle laxation of Danthron.

for soft stools gently stimulated to evacuation

DOXINATE WITH DANTHRON

the original fecal softener combined with gentle laxation

Doxinate with Danthron relieves the colonic inactivity in the atonic constipation of the geriatric patient as well as in the temporary atonic constipation of the hospitalized or inactive younger patient. The gentle stimulus offered by the reduced dose of 1,8-dihydroxyanthraquinone (Danthron) is confined to the large intestine.

DOXINATE WITH DANTHRON:

Corrects the tendency to fecal dehydration—the primary cause of functional constipation.

Assists the weak, atonic bowel in fecal elimination.

Permits complete elimination with significantly reduced peristaltic stimulation.

Useful to initiate therapy in patients with the laxative habit.

Ebers oded

LEM today

rovided le conulfosuc-8-dihy-

sules at 30 and

, INC.



GOOD TASTING

Stimavite Tastitabs

STIMULATE appetite growth

L-lysine15 mg. for amino-acid improved protein quality. Vitamin B_{12} ...20 mcg. for appetite and growth stimulation. Vitamin B_110 mg. for appetite stimulation.

Vitamin B₀.....3 mg. fer improved protein metabolism.
Vitamin C.....25 mg. for better hemoglobin formation and nucleic acid synthesis.

For the younger patient who doesn't like to eat, or who eats out of balance, and for the adult who eats like a bird, one or two Stimavite Tastitabs daily, at mealtime. Can be chewed, swallowed whole, allowed to melt in the mouth, or dissolved in liquids.

Bottles of 30 and 100 Tastitabs.



Chicago 11, Illinois PEACE of mind ATARAXI
*Trademark

182 MEDICAL ECONOMICS · MARCH 1957

home by prosome light, comb fession an opaudit

part of to mo just pense physic tweer

Po

A PORT

Here, the mo ject pu The r leather

Medical Please

Name

Street

City .

TAX ERRORS

home expenses that are only partly professional. For example, some doctors treat all the fuel, light, and telephone bills of a combination home-office as professional expenses. Doing this is an open invitation to an I.R.S. audit.

Split Expenses

As the Treasury sees it, only part of such costs is attributable to medical practice. The rest is just the ordinary personal expense of running a home. So the physician must distinguish between the private (nondeducti-

A PORTFOLIO OF ARTICLES ON

Partnership And Group Practice

Here, reprinted, are about a dozen of the most popular articles on this subject published in MEDICAL ECONOMICS. The portfolio is book size, with a leatherette cover and with the title stamped in gold. Prepaid price: \$2.



MEDICAL ECONOMICS · MARCH 1957 183

1/1114

prod lag-

inger padelicious

ion easy.

ein quality.

ulation.

ism.

on and

o eat, or who eats

daily, at

, allowed

ATARAXI

S:

TAX ERRORS YOU'RE LIKELY TO MAKE

ble) expenses and the professional (deductible) ones.

6. Deducting your wife's travel expenses along with your own when she accompanies you to a medical convention. "But she acts as my secretary, so it's a legitimate business expense," you may point out to the revenue agent who questions this item. And you may produce notes she took and business letters she wrote for you during the course of the meeting.

Theoretically, you should be able to claim such a deduction when your wife really substitutes for a secretary you'd otherwise have to hire. But revenue agents are almost universally cynical about such a claim. In most cases, trying to deduct your wife's expenses will only alert a tax examiner to the possibility that your other deductions deserve closer scrutiny.

7. Failing to itemize charitable contributions. Surprising as it may seem, some doctors—either through oversight or innocence—still make this mistake. And since Treasury men automatically scrutinize even carefully documented contribution schedules,

Mild, well-tolerated tranquilizer

new ULTRA

(Phenaglycodol, Lilly)

Anxiety quickly allayed

The patient with vague symptoms, nervous and distressed under the burden of unsolved problems, finds release from anxiety, restoration of emotional composure, and fortification of problem-solving abilities.

300-mg. pulvules, usually 1 t.i.d.

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

774022

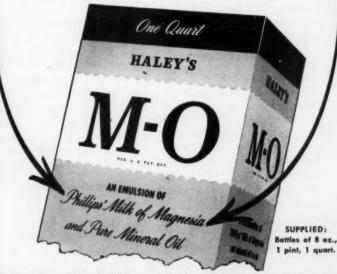
184 MEDICAL ECONOMICS - MARCH 1957

THE C



TO HELP CORRECT CONSTIPATION Antacid • Laxative • Lubricant

Magnesium Hydroxide plus pure mineral oil make Haley's M-O a smooth working antacid-laxative-lubricant that efficaciously relieves constipation and the attendant gastric hyperacidity. The oil globules in Haley's M-O are minutely subdivided to assure uniform distribution and thorough mixture with intestinal contents. Oil leakage is avoided and a comfortable evacuation is effected through stimulation of normal intestinal rhythm and blunted defecation reflex.



THE CHAS. H. PHILLIPS CO. DIVISION of Sterling Drug Inc. 1450 Broadway, New York 18, N. Y.

MEDICAL ECONOMICS: MARCH 1957 185

wise gents nical most vife's

cex-

that

able s it ther

ence

And

cal-

loc-

iles,

er

disinds om-

S. A.

77 4022

TAX ERRORS YOU'RE LIKELY TO MAKE

a return that shows up with an insufficient breakdown for the claimed amounts is an inviting target.

8. Claiming as a business deduction the costs of any and all post-graduate medical training. True, the Treasury is now more liberal in allowing you to deduct some of these P.G. expenses. But there are still clear-cut restrictions:

You can deduct the cost of post-graduate study if you undertake it to maintain the skill and knowledge required in your present type of practice; but you can't deduct the cost if the course is intended to advance you to a new professional status (say from G.P. to specialist).*

The Little Pitfalls

Tax bloopers needn't involve a lot of money to bring on the Treasury bloodhounds.

Take the case of a G.P. in Texas. In his town, water bills are usually referred to as "water taxes." And that, in his innocence, is how he listed them in his tax return-for his home as well as for his office.

The Treasury men pointed out that such bills aren't taxes at all. that they're deductible only as a professional expense in connection with an office. But once they'd straightened the doctor out on this error, they stayed around to hunt for others.

More than one physician has been called to account for treating as a full professional deduction the Social Security tax on employes' salaries. For 1956, the rate was 4 per cent; for 1957, it's up to 4½ per cent. Actually, only half this is deductible; the remainder is the employe's contribution, which is merely withheld by the doctor.

There are several other ways of inviting an I.R.S. investigation. For instance, you can fail to report dividends or bond interest. Or you can try to deduct for nondeductible taxes (e.g., Federal amusement taxes). Or you can simply make mistakes in your mathematics. Any one of these errors, no matter how innocent, can lead to an audit.

Cheating Yourself?

But there's one kind of mistake that doesn't bring the revenue men running—the kind where physicians err in

^{*}For the latest Revenue Service ruling on the deductibility of post-graduate expenses, see "Medical Men Get a New Tax Break," MEDICAL ECONOMICS, September, 1956.



ed out

nnec-

once

loctor

n has treat-

educ-

6, the 7, it's

, only ie reontrihheld

ways estigaa fail interct for ederou can your these

mise rev-

kind

the the





End Result— A Better Total Analgesic Effect

The characteristics of a good analgesic may be considered to be: speed of relief, tolerance, safe for prolonged use. Anacin® has all of these characteristics and, in addition, provides a mild sedative effect which exceeds that of plain aspirin or buffered aspirin. Anacin helps to relax the patient, thus affording a better total effect in the relief of minor pain. Patients who must take salicylates over long periods of time will appreciate the freedom from gastric upset experienced when you recommend Anacin.

always ANACIN

TAX ERRORS YOU'RE LIKELY TO MAKE

Treasury's favor. They're cheating no one but themselves.

Many physicians, for example, forget to deduct the fees charged by credit agencies for collecting unpaid bills. But such fees are legitimately deductible professional expenses.

Others miss out by failing to deduct bonuses and Christmas gifts to employes, though such payments are clearly compensation and must be included in the employe's salary. Still other doctors buy tax-exempt securities and mistakenly lump the interest in with other taxable income.

Of course, if such errors are discovered, the taxpayer gets a refund. But you can't expect a Revenue agent to do a lot of detective work for your sake.

So check those returns carefully before you kiss 'em good-by. Better still, have a tax consultant do it. One way or another, your extra bit of caution is likely to pay off.

END



"Okay. So I'm overcautious. I was circumcised by an interne myself."

1. trit der dia

dia 3. of the

KNOX PROTEIN PREVIEWS

Overcoming Today's No. 1 Nutritional Problem



Knox "Food Exchange" Diet Enlists the Cooperation of Your DIABETIC Patients for Dietotherapy



 This Knox booklet is based on nutritionally-tested Food Exchanges' and demonstrates that variety is possible for diabetic diets.

2. The easy-to-understand Food Exchanges simplify dietary control for the diabetic by eliminating calorie counting.

Diets promote accurate adjustment of caloric levels to the special needs of the patient, yet allow each individual considerable latitude in the choice of foods.

 The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc., and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare. **4.** Each booklet presents in addition 16 pages of appetizing, kitchen-tested recipes.

Chas. B. Knox Gelatine Co., Inc. Professional Service Dept. ME-20 Johnstown, N. Y.

Please send me dozen copies of the Knox diabetic brochure describing the use of Food Exchange Lists.

Your Name and Address

rities

terest e. s are ets a ect a

refuld-by. litant your ly to END

Try Investing Semi-Automatically

You can get profits as well as peace of mind by gearing your investment program to one of these semi-automatic buy-and-sell plans

By Leo Barnes, PH.D.

Many professional men apparently believe that to make money in stocks you have to be able to *predict* the market's future action. That's not true. There are sound investment techniques that don't depend on forecasting, and every doctor-investor should be familiar with them. Two such methods I'll discuss here are "formula plan investing" and "automatic trend following."

Don't let the fancy titles fool you. Here, as in medicine, long words often front for simple concepts.

Let's look at formula plans first. These can be called semi-automatic because they force you to sell as prices rise and to buy as prices fall. Using the simplest kind of formula plan—the *constant-ratio* plan—you decide in advance what percentage of your investment fund should

be buy

dec (\$0 sto

sto

fun

So

ing

mo

pro

fur

shi

54

wit

\$1

sir fits

It's

THE AUTHOR is chief economist of Prentice-Hall, Inc. This article has been adapted from a portion of his book "Your Investments," a new edition of which has just been published by the American Research Council, Larchmont, N.Y.

be in stocks. Then you keep this percentage constant by buying or selling at regular intervals.

For example, say you have \$15,000 to invest. You decide to put 60 per cent (\$9,000) in stocks and the rest (\$6,000) in Government savings bonds, Series E. The stock market is rising. So after six months, you find your stocks are worth \$11,000. That's 65 per cent of your fund's current value.

You want to bring the percentage back down to 60. So you sell \$800 worth of stocks, thus reducing your holdings to \$10,200—or 60 per cent. The \$800 you put into more E bonds. In effect, you're salting away part of your profit and leaving another part invested in stocks for further gain.

Now suppose that instead of increasing, your fund shrinks during the first six months. Suppose that the value of your stocks goes down to \$7,000. That's only 54 per cent of your current total fund. What do you do?

You cash in \$800 worth of E bonds and buy stocks with the money. That brings your stock holdings up to \$7,800, which is 60 per cent of your total fund (currently \$13,000).

How often do you buy or sell stocks to restore the desired stock ratio? Not too often. Otherwise you'd cut profits short and run up commissions and taxes excessively. It's best to wait until the total value of your fund has increased or decreased by 10, 15, or even 20 per cent.

One thing to remember about a constant-ratio plan is

d

le

ıs

).

e

r-

1-

n

d

f

Dizziness in the elderly patient with arteriosclerosis



Ten of the fifteen patients [with arteriosclerosis and hypertensive cardiovascular disease] studied were completely relieved of the vestibular symptoms... [after being] placed on Dramamine in doses varying from 25 to 100 mg. four times daily."

Goldman, I. R.; Stern, N. S., and Stern, T. N.: The Use of Dramamine in Vestibular Disturbances Complicating Hypertensive and Arteriosclerotic Heart Disease, Am. Heart J. 42:302 (Aug.) 1951.

for dramatic results

Dramamine⁶

SEARLE

194 MEDICAL ECONOMICS · MARCH 1957

'AUTOMATIC' INVESTING

that it works well only when stocks are going through fairly wide swings—both up and down. It doesn't make much money on narrower fluctuations. To profit by smaller price shifts, another type of formula plan has been worked out. This is the variable-ratio plan.

How It Works

Using this plan, you step up your percentage of stock holdings as prices decline. You reduce the percentage as prices rise. At market peaks, you may be 10 per cent in stocks and 90 per cent in bonds. At market bottoms, vice versa.

The variable-ratio plan gives better results than the constantratio plan. But it's also more complicated. If you're interested, I suggest you consult a book such as Benjamin Graham's "The Intelligent Investor," or Edgar & Genstein's "Stock Market Profit Without Forecasting."

Formula plans have distinct advantages. When using one, you won't be panicked by market declines. Instead, you'll simply buy more stocks—at bargain prices. And you'll have the cash to do so.

But formula plans have drawbacks, too: They cut profits at well as risks. They provide poor inflation protection, for they lead TING

when h fairly d down oney on profit another as been arriable-

tep up c holdou reprices ou may and 90 tet bot-

n gives nstantmore rested, k such the Ingar S. Profit

istinct ie, you ket dely buy prices. do so. drawfits as

poor

y lead

WHEN
INFECTION
STRIKES



CONSIDER ILOTYCIN FIRST

ERYTHROMYCIN, LILLY)



because

RS

Virtually all organisms that cause acute bacterial respiratory infections are quickly destroyed by 'Ilotycin' . . . Fewer treatment failures

because

Serious allergic reactions following 'Ilotycin' systemic therapy are rare . . . Less complicated therapy

because

Bacterial flora of the intestine is not significantly disturbed by 'Ilotycin' . . . Few, if any, side-effects

because

Susceptible organisms are rapidly eliminated by the bactericidal action of 'Ilotycin' . . . Spread of infection is stopped

ILOTYCIN-available in a wide variety of forms-tablets, pediatric suspensions, drops, otic solution, ointments, and I.V. ampoules.

Usual adult dose is 250 mg. every six hours.

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

you to sell more and more stock as the market rises. And they cause you to lose dividend income in a rising market.

3% More

Clearly, though, a formula plan is better than the impulsive choices made by the average investor. A formula investor may average about 2½ or 3 per cent more appreciation a year than one who buys the same stocks and holds on to them through a complete market cycle.

Thus, formula timing is good for conservative long-term investors who want a minimum of worry and a maximum of dollarcapital protection.

Now for the second main type



of semi-automatic investing trend following. The idea here is "Follow the trend—but stay one step behind it." This technique works in opposite ways in a rising and a falling market. Here, briefly, is what you do:

When the market's rising, you place orders to sell all your stock holdings if the Dow-Jones industrial average (or some other broad market average) falls 10 per cent (or some other fixed figure). Suppose the Dow-Jones average has risen to 360. You'll sell out if it drops 36 points (10 per cent of 360).

When to Buy

When the market's falling, you plan to buy as soon as the average rises, say, 10 per cent. Suppose you sell out at 324 and the market keeps sliding down to 310. Your buy-back point is then 31 points above 310 (10 per cent of 310).

Besides simplicity, trend following has one overwhelming advantage: It gets the most out of any well-defined rise. As long as a rise continues, so do your profits. When the trend is reversed, your losses are promptly limited. Thus the method takes you out of bear markets and puts you back



210021

d the

then cent

folg ad-

ut of ng as

prof-

rsed,

ited.

ut of

back

anemias you encounter respond rapidly to

TRINSICON

(Hematinic Concentrate with Intrinsic Factor, Lilly)

potent · convenient · economical

Because anemia complicates so many clinical conditions, 'TRINSICON' serves a vital function in your total therapy. It provides therapeutic quantities of all known hematinic factors. Just 2 pulvules daily provide a standard response in the average uncomplicated case of pernicious anemia and related megaloblastic types. 'Trinsicon' also offers at least an average dose of iron for hypochromic anemias, including nutritional deficiency types. Available in bottles of 60 and 500 at pharmacies everywhere.

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

into bull markets soon after they've started.

There's one problem about trend following: What if there's no trend to follow? Using the method in years like 1951, 1952, and 1953, you would have been in and out of the market like a man in a revolving door. But then, few investors make money in such unsettled markets anyway.

Another possible disadvantage of trend following is that you're completely out of the market during down-trends. This may be enough to disqualify the plan for investors who need steady, substantial dividend income. But most investors can get along all right during these periods on the somewhat lower returns from E bonds, savings banks, or savingsand-loan shares.

How can you try out trend following without risking much? One way is to practice it on paper for a while. Then commit a small part of your investment funds and test the method further. Don't commit the bulk of your funds until you're thoroughly familiar with it and certain that it's for you.

there's no substitute for standardized testing

- · full color calibration
- · easy to read, easy to match
- · uniformly reliable results

color-calibrated

CLINITEST

SHOW IT

the urine-sugar test with the color scale that never varies



Arnes Company, Inc - Elkhart, Indiana Arnes Company of Canada, Ltd., Toronto

82497

200 MEDICAL ECONOMICS - MARCH 1957

Avai

and

vule



sub-But g all the n E ngsfolch? per nall nds ner. our hly hat ND









Available in 1/2, 3/4,

and 1 1/2-grain pul-

vules at pharmacies

everywhere.

SECONAL SODIUM

(Secobarbital Sodium, Lilly)

barbiturate with a rapid onset of action short duration of effect

- In simple insomnia—relaxing sleep
- In unruly pediatric patients—easier examination
- In obstetric patients—rapid, predictable hypnosis
- In procedures associated with moderate pain
 —lessening of anxiety

722001

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

But Suppose The Patient Sues...'

Do you ever let fear of a lawsuit warp your diagnoses, treatments, or prescriptions? Too many doctors do, this medical man says

By Harry F. Dietrich, M.D.

Ask any doctor why he carries malpractice insurance. No matter who he is, you'll probably get the stock reply: "I can't afford to run the risk of a ruinous judgment against me."

That's a perfectly valid answer. But it's incomplete. It entirely overlooks a priceless daily dividend to the physician who has an adequate malpractice policy: The fact that he has such coverage encourages him to practice good medicine!

Let me explain what I mean:

In the past twenty years I've paid out about \$2,000 in malpractice insurance premiums. I haven't yet been haled into court, and I haven't expected to be. I count the money well spent, though, for two reasons:

1. I've had the comforting knowledge that I was legal-

THIS ARTICLE has won one of the 1956 MEDICAL ECONOMICS Awards for its author, a pediatrician affiliated with the Beverly Hills (Calif.) Medical Clinic.

202

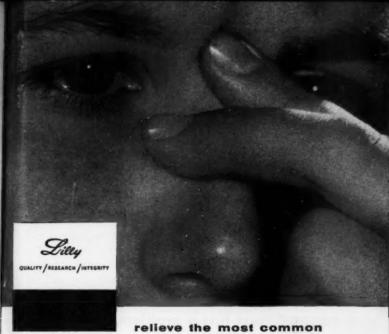
Bach :

'Sand'

Dose:

0.25, 0.25

spoon



relieve the most common

side-effect of reserpine

SANDRILEPYRONIL

(Reserpine, Lilly)

(Pyrrobutamine, Lilly)

Each tablet combines:
'Sandril' 0.25 mg.
'Pyronil' 7.5 mg.

Dose: Usually 1 tablet b.i.d.

Also 'Sandril': Tablets, 0.1, 0.25, and 1 mg. Elixir, 0.25 mg. per 5-cc. teaspoonful.

Approximately half of all patients taking any Rauwolfia preparation experience the annoying side-effect of nasal stuffiness. Clinical studies have shown that 'Pyronil' usually relieves this condition.

For your convenience, 'Sandril' and 'Pyronil' have been combined in one small tablet. Its 'Pyronil' content will relieve nasal congestion in about 75 percent of your patients who experience this troublesome side-effect.

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

ly and financially protected from some disgruntled patient's spleen.

2. Through my insurance, I've gained the courage to practice the kind of medicine I believe is right for the patient—even when what I do isn't in complete accord with "the standard of the community." (The "standard" is, after all, only average. When a doctor's performance is based on sound knowledge, skill, and judgment, any concession he makes to "average" medical practice is a compromise with mediocrity.)

My first acute realization of this secondary value of malpractice insurance came after I'd been in private practice only a year or so. I'd been speaking before a nose and throat society, delivering what I considered a well-documented discourse on the folly of taking thymus X-rays and "treating" thymus glands. I even remember the title of the talk: "Are We Mice, Men, or Merchants?"

'We're Mice!'

At the end, the chairman called for questions or comments. There was a rather discouraging silence. Then someone rose and said:



V.

effe

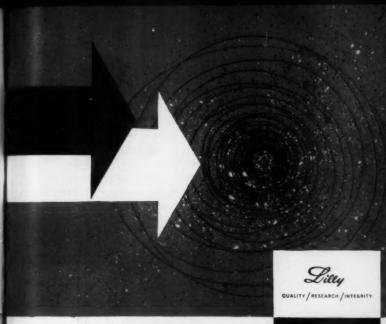
era tio

ble

res

blo

EL



two strikes against infection



V-CILLIN-SULFA

(Penicillin V with Triple Sulfas, Lilly)

combines the superior oral penicillin and three sulfonamides

'V-Cillin-Sulfa' provides greater control over a wider range of micro-organisms. 'V-Cillin' (Penicillin V, Lilly) and sulfas used concurrently produce faster and more effective antibacterial action in certain infections. In general, the combination is most beneficial in mixed infections, infections due to bacteria only moderately susceptible to either agent, and conditions in which bacterial resistance might develop. The much higher penicillin blood levels produced by 'V-Cillin' and the effectiveness and safety of the triple sulfas make 'V-Cillin-Sulfa' your most valuable preparation of its type.

V-CILLIN-SULFA, TABLETS V-CILLIN-SULFA, PEDIATRIC

Each tablet or 5-cc. teaspoonful provides 125 mg, (200,000 units) 'V-Cillin' plus 0.5 Gm. sulfas—sulfadiazine, sulfamerazine, and sulfamethazine in equal parts.

713008

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

I'd

beety, d a on ays s. I the

led ere

ce.

"Most everybody around here takes thymus X-rays before operating on children. So I guess I'll continue to do so. What are you going to do when you get sued?"

I wasn't prepared for that question. Fortunately, though, an answer welled up from some recess of my unconscious: "That's what I have malpractice insurance for—so that I can practice medicine according to my honest beliefs."

I'm not sure I made any converts that night. But I had formulated an idea that I've never stopped believing in. What bothers me today is that I still haven't made enough converts.

A few weeks ago, for instance, before a group of medical students, I indicated that I thought



"No, he doesn't seem to be in right now. Wasn't it your boy that kicked him in the shins last time?"

MEDICAL ECONOMICS - MARCH 1957

ful of Syrup drochl when

Pres

Sup 'Dolo; ride,' in pin

cies et



quiets an agitated cough reflex

*SYRUP

DOLOPHINE

Prescribe 1 teaspoonful of cherry-flavored Syrup 'Dolophine Hydrochloride'; repeat only when necessary.

Supplied as Syrup Dolophine Hydrochloride,' 10 mg. per 30 cc., in pint and gallon bottles.

Available in pharmacies everywhere.

*Narcotic order required.

... more effective in smaller doses than opium derivatives

Palatable Syrup 'Dolophine Hydrochloride' has proved extremely effective for suppressing cough in tuberculosis, bronchiectasis, bronchiogenic carcinoma, pertussis, and chronic congestive heart failure. Cough control extends over four to six hours or longer without altering respiratory rate or air volume.

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A

ight

it wise to withhold sulfonamide drugs and antibiotics for at least the first forty-eight hours of an uncomplicated respiratory infection. I gave my reasons in full. Again I was met with the timid query: "Might you not be sued if a complication occurred?"

So it goes. There seems no end to the average doctor's preoccupation with the possibility of a

malpractice suit.

How many thousands of needless times, I wonder, have parents of modest means had to scrape up the price of skull Xrays on their child with trivial head trauma?

How many liters of gamma globulin have been given "prophylactically" after suspected exposure to polio—even though gamma globulin was known to be ineffective after exposure?

What about the billions of units of penicillin that have been given "to prevent complications" in the common cold, influenza, and measles? Does no one have the courage to wait and see whether such complications occur, and then to treat them properly and judiciously? It seems not—not as long as America's physicians cringe before the possibility of later lawsuits.

Personally, I believe it's up to us to find enough intellectual clarity and moral strength to permit us to practice medicine and prescribe for our patients with thoughtful discrimination.

Nobody should belittle the possibility of a malpractice suit. But if the potential threat of such a suit is to govern medical practice, we will indeed become spineless worms.

No reasonable technical precaution against litigation should be slighted. Maintenance of adequate records, abstinence from therapeutic promises, proper transfer of responsibility for the patient's care when indicated, consultation when in legitimate doubt, avoidance of loose and critical professional talk—all these should be our habit.

Good Medicine First

But in the end the physician must draw himself up to his full intellectual and professional stature, and must pursue a given course because—and only because—it's in the best interest of the patient.

The knowledge that we have good malpractice insurance should give us the strength to do just that.

•

A basi ous str fragili in mar protect gistical lary in

Normalimit hance nutrie

with disease abortic turia, orders.

Produ

"... there is no diseased state
in which the capillaries
are not detrimentally modified..."

Hesper-C

to restore and maintain capillary integrity

A basic need in diverse disorders. Numerous studies have disclosed that capillary fragility is a basic pathological finding in many disease states.²⁻⁸ The capillary-protective factors in Hesper-C act synergistically to restore and maintain capillary integrity,3,9,10,11

Normal capillary permeability helps limit or prevent hemorrhage and enhances utilization of essential tissue nutrients.

Indications: Capillary fragility associated with cardiovascular and cerebrovascular diseases, diabetes, hypertension, habitual abortion, arthritis, allergies, asthma, hematuria, inflammatory and edematous disorders.

Dosage: Initially, not less than 6 capsules or teaspoonsful daily. Maintenance dose, 4 capsules or teaspoonsful daily. Each capsule or teaspoonful (5 ml.) contains hesperidin complex 100 mg. and ascorbic acid 100 mg.

complex 100 mg. and ascorbic acid 100 mg. Supplied: Capsules: in bottles of 100 and 1000. Liquid: in bottles of 4 oz. and 12 oz.

1000. Liquid: in bottles of 4 oz. and 12 oz.

References: 1. Martin, G. J., et al.: Exper.

Med. & Surg. 12:535, 1954. 2. Griffith, J. Q.,
Jr., and Lindauer, M. A.: Am. Heart J.

28:758, 1944. 3. Barishaw, S. B.: Exper. Med.

& Surg.: 7:358, 1949. 4. Epstein, E. Z., and

Greenspan, E. B.: Arch. Int. Med. 68:1074,
1941. 5. Warter, P. J., et al.: Delaware M.

J. 20:41, 1948. 6. Beaser, S. B., et al.: Arch.

Int. Med. 73:18, 1944. 7. Greenblatt, R. B.:

Office Endocrinology, ed. 4. Springfield, Ill.,

Charles C Thomas, 1952. 8. Gale, E. T., and

Thewles, M. W.: Geriatrics 8:80, 1953. 9.

Drezner, H. L.. et al.: Am. Pract. & Digest.

Treat. 6:912, 1955. 10. Selsman, G. J. V.,

and Horoschak, S.: Am. J. Digest Dis. 17:82,
1950. 11. Loughlin, W. C.: New York J.

Med. 49:1823, 1949.

Products of Original Research



THE NATIONAL DRUG CO.

Philadelphia 44, Pa.

MEDICAL ECONOMICS · MARCH 1957 209

up to

perand with

suit. such pracpine-

prenould adefrom

r the ated, mate and

-all

ician

full

stat-

be-

st of

have

nce o do

END



Canada Moves Toward A Federal Health Plan

Seeing the writing on the wall, Canadian doctors are reconciled to state hospitalization insurance. They hope it'll stave off worse

By William N. Jeffers

It seems only yesterday that friends and enemies of compulsory health insurance were locking horns here in the U.S. Today the arena is quiet. But many doctors believe U.S. national health planners are just biding their time.

That's why informed medical men are watching our neighbor to the north with care: What's happening up there today may possibly be a preview of tomorrow down here. And Canada's national health insurance advocates seem about to make a tremendous gain. Here's the story:

The Canadian Government has offered the provinces a

pro gra he:

me

to

eff

pi

no

th

th

ob

ch

compulsory national *hospital* insurance plan. It proposes to pay roughly half the cost. The rest is to be raised by the provinces—each of which would administer its own program in its own way, since under Canada's constitution health insurance is a provincial matter.

This proposal is a lot less grandiose than the Government's 1945 plan. That one—now shelved—called for

broad compulsory health insurance.

But Canada's Minister of National Health and Welfare considers it no retreat to put aside the big scheme for the little one. In fact, he sees the latter as a definite step toward full national health coverage.

The new proposal was made early last year. It'll go into effect as soon as a majority of Canada's ten provinces, representing a majority of the population, approve it. Such approval is considered likely—possibly by 1958.

The aim of the plan? Quite simply, it's to provide hospitalization for all, including those the private plans don't now cover: the aged, the indigent, the uninsurable, and the chronically ill. But each province must determine how this goal is to be achieved locally. The Federal Government says it will require only that individual provinces observe the following rules:

- The hospitalization plan must provide standard ward care, with no time limit, for all patients in general, chronic, or convalescent hospitals.
 - 2. Diagnostic, laboratory, and radiological services

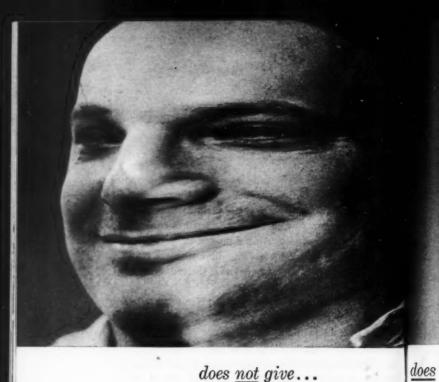
in

n

e

S

e



does not give...

a false sense of well-being

TABLETS, 0.1 mg., 0.25 mg. (scored), 1 mg. (scored), 2 mg. (scored), and 4 mg. (scored). ELIXIRS, 0.2 mg. and 1 mg. per 4-ml. teaspoon.



does give ...

<u>true</u> <u>emotional</u> control

Serpasil*

(reserpine CIBA)

Serpasil provides more than euphoria — more than temporary escape from the stresses and strains that are actually a "normal" part of life. Rather, Serpasil sets up a "stress barrier" against anxiety and tension the patient would otherwise find intolerable. In a low, once-a-day dose Serpasil keeps out external pressures long enough for the emotionally disturbed individual, with your help, to deal calmly with his internal conflicts.

CIBA SUMMIT, N. J. Although it is a first choice in hypertension, Serpasil does not significantly lower blood pressure in normotensive patients.

2/2361MK

ed).

must be provided for in-patients.

3. The insurance must be available to all citizens except those the Federal Government is responsible for (e.g., members of the armed forces, veterans, Mounties).

How do Canadian doctors feel about this?

In general, they seem to approve. The Canadian Medical Association hasn't endorsed the idea, and has gone on record that radiological and pathological services shouldn't be considered hospital services. But at least unofficial approval has come from

all the provincial medical associations except that of Manitoba (which hasn't yet declared itself on the issue).

Till now, Canada's physicians have been firm opponents of state medicine. The reasons for their apparent change of heart, according to on-the-scene observers:

Most Canadian doctors now consider national health insurance inevitable. So they think they'd better compromise. And the hospital plan seems to them a passable compromise.

The doctors still strongly dis-



Arrests and combats arthritic process Relieves pain and spasm-Improves capillary strength

Indications: Rheumatoid arthritis, Osteoarthritis, Myositis, Bursitis.

Formula: Each tablet contains:

Salicylamide. Lemon Bioflavonoid Complex..... Ascorbic Acid (Vitamin C)

Advantages: Salicylamide, best tolerated of the salicylates promptly re-lieves pain and skeletal muscle spasm. Lemon Bioflavonoid Write for samples

Complex, most potent source of effective bioflavonoids, stabilizes connective tissue ground substances, helps correct periarticular involvement. Ascorbic Acid augments action of bioflavonoids and maintains Vitamin C reserves.

PHARMAGAL COMPANY ad Ave., Chicago 40, III. • 381 Eleventh St., San Francisco, Calif.

214 MEDICAL ECONOMICS · MARCH 1957

and literature

High

hemo

easily

anem

cious

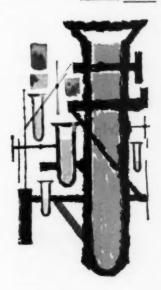
Dosa

When

3 caps

HEMATINIC LEDERLE

minimum dosage maximum response





High potency dosage of every known hemopoietic factor, offered in a most easily assimilable form for all treatable anemias, including maintenance of pernicious anemia patients.

Dosage is only one capsule daily

Each capsule contains:

Vitamin B₁₂ with Intrinsic Factor 1 U.S.P. Oral Unit Concentrate Vitamin B₁₂ (additional) 15 mcgm. Powdered Stomach 200 mg. Ferrous Sulfate Exsiccated 400 mg. Ascorbic Acid (C) 150 mg. 4 mg. Folic Acid

When divided dosage of this formula is preferred prescribe PeriHemin® Hematinic, 3 capsules daily



LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY *Reg. U. S. Pat. Off. PEARL RIVER, N. Y.

MEDICAL ECONOMICS · MARCH 1957 215

ciba elf

ns ite eir C-

V-

W irnk nd

m

S-

gr.

ng.

re-

id

ds.

ect 10.



YOU

can

GIVE

a

Crippled Child

a

CHANCE



through

National Society
for
Crippled Children and Adults
11 So. LaSalle Chicago 3

CANADA'S HEALTH PLAN

trust state medicine. But they feel they'll be able to go along with a limited plan operated at the *local* level. As they see it, 'each province will allow medicine a strong voice in administration—and therefore there'll be no regimentation.

One good reason for the doctors' optimism: Compulsory hospital insurance plans have been in effect in British Columbia and Saskatchewan for several years; and in both programs there has reportedly been little interference with the work of local physicians.

The B.C. Plan

The British Columbia plan was launched eight years ago. It covers all residents except those already covered by the Federal Government. By order of his own physician, any citizen may get ward accommodations and necessary drugs and hospital services. He's also entitled to some kinds of out-patient emergency care. There's even an arrangement for hospital care outside British Columbia, if required.

How are the costs of this program met?

The patients themselves pay part of the expense. They're charged \$1 for each day in the hospital, and \$2 a visit for emergency or short-stay care. The rest AN

Ey feel

with a local provstrong and imen-

been a and years;

re has crence cians.

plan go. It those deral

y get necvices.

care.
nt for

pro-

pay ey're the mer-

mere rest



BECTON, DICKINSON

AND COMPANY

RUTHERFORD, NEW JERSEY

T. M. BEG. U. S. PAT. GEF.

MEDICAL ECONOMICS · MARCH 1957 2

CANADA'S FEDERAL HEALTH PLAN

is paid for indirectly by British Columbia taxpayers.

Benefits like those of the British Columbia plan are also provided in Saskatchewan. Compulsory hospitalization insurance has been the rule there for ten years. About half the annual cost is paid by a tax ranging from \$20 (for single adults) to \$45 (for large families). The rest of the cost is paid out of sales-tax and other revenues.

Both the Saskatchewan and British Columbia plans have been called socialistic. They've also been accused of costing the taxpayer too much. [MORE]



"I don't know whether it's the hospital or your broker. Either Chrysler stock is up four points or Mr. Kreisler's temperature is up four degrees."

of the ax and on and rebeen e also

5 (for

ie tax-

"... nauscated and vomiting every day, practically the whole day, from the beginning of this pregnancy ..."

After 'Compazine' 5 mg. q.i.d., this severe case¹ of nausea and vomiting of pregnancy showed "... almost immediate response."

In fact, the physician reports, "She hasn't had any nausea or vomiting since then and she has not had the drug for three weeks."

'Compazine' is a potent new antiemetic that has shown 86% favorable results in the treatment of nausea and vomiting of pregnancy. At the recommended dosages, side effects are infrequent, minimal and transitory.

Compazine*

a potent new antiemetic for everyday practice

Smith, Kline & French Laboratories, Philadelphia

1. Personal communication to S.K.F.

*Trademark for proclorperazine, S.K.F.

Supporters of the plans of course maintain that increased taxes are more than offset by general health gains. And they anticipate a tremendous gain when and if the nation-wide hospitalization idea becomes a reality. (Only about half the Canadian population, outside Saskatchewan and British Columbia, is now covered by voluntary hospital plans.)

Will the companies that sell private hospitalization insurance be hurt by the Federal program?

No doubt they will. So they're dead set against it.

Proponents of the Government scheme say that hospital insurance is only a small fraction of the private companies' total business. Besides, add the Federal spokesmen, the companies can regain some of their lost revenue by selling whatever types of coverage the provincial plans do not provide.

The Provinces Decide

'So far, there's little doubt which side is winning the argument: Four of Canada's ten provincial governments have gone on record in favor of the new plan, and at this writing another seems about to. Three of the others are favorably inclined. So it appears to be merely a matter of time before the program is adopted.

What will be its impact on U.S. medicine? This can probably be measured by the future fortunes of a bill now pending in the U.S. Congress.

Same for U.S.?

Toward the end of the Truman Administration, Representative John D. Dingell introduced a bill to give sixty days a year of free hospital care to persons over 65. Payment was to be made from Federal funds. But—as in Canada now—administration was to be left to the states.

The bill never got anywhere. But today Representative John D. Dingell Jr. hopes to succeed where his late father failed. He's pushing a similar bill, just as he did last year. He admits the time may not yet be quite ripe. "But," he adds, "the day for it will come."

The day for it may be hastened by what happens in Canada. That country's compulsory hospitalization program may be considered a trial run of something that will be strongly advocated here if it succeeds north of us. safe, pene

High concentration

Topical Salicylate Therapy

for safer, more effective relief of rheumatic pain

■ Topical salicylate therapy is being rediscovered as perhaps the safest, most effective remedy for aching joints and muscles.

Increased percutaneous absorption of salicylate, with enhanced blood flow through the affected tissue is provided by BAUME BENGUE, offering up to 2.5 times more methyl salicylate and menthol than other topical salicylate preparations. In arthritis, myositis, bursitis and arthralgia, BAUME BENGUE induces deep, active hyperemia and local analgesia.

Lange and Weiner suggest the term "hyperkinemics" to describe preparations such as BAUME BENGUE which produce blood flow through a tissue area. They point out that hyperkinemic effect, as measured by thermoneedles, may extend to a depth of 2.5 cm. below the surface of the skin. (J. Invest. Dermat. 12:263, May, 1949.)

Two strengths: regular and children's. THOS. LEEMING & CO., INC. 155 E. 44th Street, New York 17, N. Y.

Menthol-induced hyperemia plus high local concentration of salicylate has been rediscovered as one of the most promptly effective remedies for rheumatoid discomfort due to exposure.



MgA concentration topical salicylate-menthol therapy (BAUME BENGUÉ) offers sale, penetrating relief of painful joints and muscles caused by overexertion.

Baume Bengué

ANALGÉSIQUE

MEDICAL ECONOMICS · MARCH 1957

MUX

ed. So natter am is

nU.S.

bly be rtunes

e U.S.

Tru-

esent-

duced

ear of

s over

made

-as in

ation

here.

John

cceed

He's

as he

time

But."

will

tened That oitali-

nsidg that ere if END



Why Some Specialists Get

They try to know the family doctor personally and to respect his rights at all times, says this general practitioner. . . For instance. . .

By John E. Eichenlaub, M.D.

One day soon after I'd begun general practice in our town, another local G.P. phoned me. "I'm going down to Centerville tonight," he said. "There's a hospital staff meeting, and they've particularly asked me to bring you. Can you come along?"

Naturally I said yes. I was pleased that my colleagues in a city nearly forty miles away were aware of my existence. Later, during the drive to Centerville, I asked my

G.P. friend to tell me something about them.

"They're a pretty capable crowd," he replied. "Especially the surgeons. Ben Peters is a wizard. His partner, Simmons, is topnotch, too-not quite the personality, but just as skilled. And Keenan in ob./gyn. is excellent. He does a slick total hysterectomy—best I've ever seen."

"What about the hospitals?"

"Both good. Pierce has no anesthesiologist, though. I like a physician anesthetist, at least for poor-risk patients. So I send most of my surgical cases to St. Agnes."

We talked along those lines until we got to town, and a

go

thi

cas

far of :

un

jell

libe

COL

use

the

sev

car

Th

one

wit

do

ally

ter

HEALTH CENTER LIBRARY

listsGet More Referrals

good part of the way back. From then on, I found myself thinking of Centerville as *the* medical center for my tough cases.

Actually, there were two other equally large places no farther from my village than Centerville. Both had plenty of specialists. But I didn't get acquainted in either of them until years later. And by then my referral patterns were jelled.

Centerville's specialists planned it that way. They deliberately drew me into association with their medical community. They knew that if I talked with men who used their services, I'd be favorably impressed.

That's a first-rate way, I believe, for specialists to win the goodwill of new G.P. colleagues. But it's only one of several ways.

G.P.s like myself often nominate two or three suitable candidates when referring patients for specialized care. The specialists who get such nomination are usually the ones, it seems to me, who make a point of cooperating with referring doctors. Here are some of the ways they do it:

1. They try to get to know the referring men personally. Open channels of communication mean a lot in determining referrals.

Acknowledging patients and discussing their cases by

illy

ays

. . .

I.D.

wn,

en-

eet-

Can

ues

ist-

my

pe-

er,

ity,

ent.

n."

1. I

its.

da

WHY THEY GET MORE REFERRALS

telephone helps. A few minutes before and after medical meetings can be fruitfully used. Getting out to luncheon clubs and country club affairs contributes something.

But many specialists tell me they find there's nothing so good as plain, old-fashioned elbowrubbing.

And we G.P.s say: "Amen! We can discuss our patients best with the men we know most intimately. It makes all the difference in the world."

They're careful to treat referred patients as borrowed property. A G.P. thinks of his practice the way a rabid philatelist views his collection. It's his greatest achievement; and he sees red at the thought of over-casual handling of any of its members. Dr

me

acl

tie

SOC

An

SOC

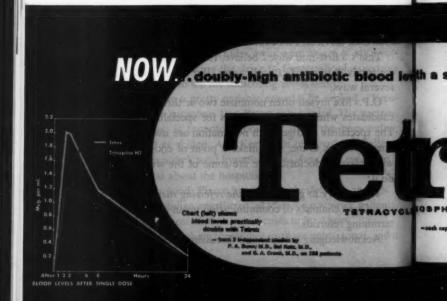
ha

the

SOI

Plug for the G.P.

In my experience, the specialists who keep the best relations with G.P.s usually respect this feeling. They recognize that the patient's primary loyalty is to his family doctor. So they shore up that loyalty with remarks like: "You're Dr. Jones' patient, aren't you? Well, there's one thing about



ac-

list

eat-

red

ual

ers.

ial-

ons

his

the

his

up

ce:

n't

out

Dr. Jones: He really knows his medicine."

Such specialists immediately acknowledge receipt of the patient. They send a report along as soon as a diagnosis can be made. And they return the patient as soon as the requested services have been given.

How Groups Do It

3. They try to work with referring doctors. In other words, they bring the family physician into the case as much as they reasonably can.

I've seen several groups ap-

proach this problem in ways that seem quite sound. One topnotch clinic, which depends much more heavily on referred work than on day-by-day patient care, gives the referring doctor an active role in each case. The referred patient gets a work-up at the clinic; then he goes back to his own physician to learn what was found.

Even if highly specialized procedures are clearly needed, the patient is sent back to his own doctor first. So the G.P. is in on the case at every turn. He doesn't worry about losing his patient.

I often work with a surgeon



WHY THEY GET MORE REFERRALS

who has taken the lead over other members of his clinic in this respect. If a patient comes to him from an outside physician, he puts the file in a green folder. Green-folder patients get the specialist's help with the specific problems for which they were referred. But the home doctor gets a telephone call before the specialist consults with any other specialist within the group.

Surgeon's Request

I've had long-distance calls from the surgeon, requesting cardiac evaluation of a poor-risk patient—a request I certainly couldn't refuse. But the simple fact that I've always been called at such times makes me feel perfectly safe in using this man's skill—even for patients who might find his clinic as convenient a source of total care as my own office.

The Three Tests

From the moment any doctor refers a case, he's likely to rate the specialist according to three criteria: how well he does his work; how easy he makes the referring man's work; and how

for constipation and biliary dysfunction

due to ...

Te de

age

When elderly patients and sedentary workers suffer from chronic constipation, biliary stasis and impaired digestion are often common complications. Caroid and Bile Salts with Phenolphthalein offers true physiologic support for the successful management of these cases with a 3-way action: choleretic • digestant • laxative





CAROID® AND BILE SALTS Tablets

AMERICAN FERMENT COMPANY, INC. 1450 Broadway, New York 18, New York

WRITE FOR SAMPLES

226 MEDICAL ECONOMICS · MARCH 1957

for growing tots

inly ple lled ern's

vho enmy

tor ate ree his reow

HOMICEBRIN

eight essential vitamins for healthy growth



WHY THEY GET MORE REFERRALS

ly the patient complained to her own physician. "You're my doctor, and I want you," she said. "But Dr. M keeps saying we'd better wait until this situation is taken care of. Is 'this situation' my pregnancy-or what?"

I respect a specialist whose interest in a case makes him want to follow the patient through to a cure. But I respect the specialist more if he grants me that same ambition.

The surgeon who comes closest to my ideal sends my appendectomies back to me for the final few dressings. Then he either calls me or sees the patient for one last time.

My favorite internist recently diagnosed an obscure neurological picture as combined system degeneration. He sent the patient back to me with an outline of future therapy. I know he'll call me in a month or so to see how the patient is coming along.

Return Trips

Such physicians take my skills and my equipment into account; and they send patients back to me for anything I can manage on my own. Since they put the re-



for Doctors

Relax waiting patients comfortably in attractive and restful surroundings



Give your clientele a Royal reception with this furniture that feels as good as it looks-retains its like-new appearance. Lustrous Satin-Chrome or exclusive Pastelle enamel. Upholstery colors rival the rainbow.

ROYAL METAL MANUFACTURING COMPANY 1 Park Ave., New York, N.Y., Dealers Showrooms, Coast to Coast CO

she's been

HYFRECATED*



*not a blemish on her

Desiccate those unsightly, possibly dangerous skin growths with the ever-ready, quick and simple to use Hyfrecator.

More than 100,000 instruments in daily use.

THE BIRTCHER CORPORATION

Department ME-357
4371 Valley Blvd.
Los Angeles 32, California



Please send me your new full-color brochure showing step-by-step technics for removal of superficial skin growths.

Doctor.

Address

City_

Zone_State_

last

oloem ent of call

ills nt; to on re-

orsl

bly

ive ul ngs

this

tains

ome

lors

ANY

In urinary tract disturbances

Pyridium achieves the first objective

(Brand of Phenylazo-diamino-pyridine HCI)



relief of pain, urgency, frequency, burning in a matter of minutes

With PTRIDIUM, irritated urinary tissues are bathed in a continuous flow of analysaic fluid, keeping the patient comfortable during diagnostic procedures and while maintaining therapy. The benefits of therapy with PTRIDIUM include

- gratifying relief in a matter of minutes long before specific therapy, if required, can take effect • elimination of urinary retention due to pain spars
- local analgesia only · complementary to any antibacterial of the physician's choice — allows separate control of analgesic and antibacterial therapy
- · simple, convenient dosage just 2 tablets before meals for adults.

Pyridium is the registered trade-mark of Nepera Chemical Co., Inc., for its brand of phenylan-diaminpyridius IICl. Herch Sharp & Dohme, Division of Morck & Co., Inc., solo distributer in the United States.

MERCE SHARP & DOUME . DIVISION OF MERCE & CO., Inc. . PHILADELPHIA 1, P&

ferri patie ever get a all th

refer The lette tant

Pete

ferring doctor's right to treat his patient above their own whenever other things are equal, they get a lot of referred work from all the local G.P.s.

5. They always report back to referring doctors in full detail. The other day I got the following letter from my urologic consultant:

"You'll recall sending Harry Peters to me for renal calculus a year ago. I sent him back to you

y, if

ian's rapy

XUM

after operation, but arranged to see him once for follow-up evaluation. This was completed yesterday, with these results. . ."

Letter Perfect

The letter then listed normal PSP and pyelogram findings. It affirmed the patient's satisfaction. It confirmed my satisfaction in my arrangements with the urologist.

The specialist's results are of-



"Let's go in together. We'll see what he can do with a folie á deux."

ten his best recommendation. Even if they aren't, he owes a report of them to the referring physician.

One internist with whom I deal sends me a carbon of his complete record on every patient I refer to him. A cardiologist sends photocopies made on an office duplicating machine; they include ECG tracings and complete handwritten records. Both these men are high on my list of favored specialists. Wouldn't they be on yours?

To sum up:

The prime mover in referrals

is, of course, professional skill. It's traditional in medicine for the specialist to let referring doctors find out about his skill for themselves. Butthat doesn't mean he may not discreetly make it easy for them to find out.

Even the Great Ones

An occasional great physician can stand on a pedestal and say: "All right. Here I am. Take me or leave me."

But even such a doctor would be far greater, I suspect, if he worked with other doctors in the ways I've been discussing. END

in acute subdeltoid bursitis. relief often in a day, usually complete within a week¹

in chronic calcific bursitis

"unusually good results" with an average of 9 injections²

MY-B-DEN®

(ADENOSINE-S-MONOPHOSPHATE)

systemic muscle adenylic acid therapy

- 1. Rottino, A.: Journal-Lancet <u>71</u>:237, 1951.
- Susinno, A. M., and Verdon, R. E.: J.A.M.A. 154:239 (Jan. 16) 1954.



AMES COMPANY, INC . ELKHART, INDIANA

24757

PROVED ...

in millions of doses in millions of patients

Pentids

Squibb 200,000 Unit Buffered Penicillin G Potassium Tablets



Effectiveness and safety confirmed by five years' experience in millions of patients

Convenient t.i.d. dosage—may be given without regard to meals

Economical for the patient far less costly than newer penicillin salts

Bottles of 12 and 100 tablets

SQUIBB



Squibb Quality-the Priceless Ingredient

PENTIDS'® IS A SQUIBB TRADEMARK

57

kill. for loc-

for

e it

ian

me

uld he the

ND

is. e



When You Make a Mistake

'We all do,' this thoughtful physician reminds you. And he offers some helpful suggestions about the soul-searching that comes afterward

By Don Branham, M.D.

When a doctor makes a mistake in diagnosis or treatment, it seldom does any real harm to his patient—or to him, except to his pride. Yet he's not likely to regard his errors casually. He's keenly aware that death or disability can follow a professional slip-up.

Sometimes, indeed, he's too keenly aware of this.

I've made my mistakes as a doctor. Not many of them have been serious. But in a few instances, when tragedy resulted, mine was the culpable hand, causing me almost unbearable self-recrimination and remorse.

That such cases of emotional trauma among doctors are few is a blessing. For not even the passage of time always erases one's feelings of guilt and wrongdoing—feelings inadequately expressed in these words: "Had I not been so lacking in judgment, so deficient in skill, so inept in action, this disability or this death would not have occurred!"

no

bo

ine

hu of

me

far

asl

to

do

di

ell

to

of

do

ph

ne

ho

to

THIS ARTICLE has won one of the 1956 MEDICAL ECONOMICS Awards for its author, a urologist in Oklahoma City, Okla.

One such Gethsemane is clear in my own memory even now. It occurred in the early days of my practice:

One winter evening I was called to visit a 5-year-old boy, a child not too sick but fractious and hard to examine. The light was bad and my examination undoubtedly hurried, for I failed to see the significance of a small patch of exudate in his throat. I suggested the usual care and medication for a common infection, then advised the family to call me if there was no improvement.

A few days later, an anxious voice over the phone asked me to visit the child again. I did so and was aghast to find the youngster almost moribund. I spent the night doing what I could, but he died the next morning. It was diphtheria.

There is always a lesson to be learned from such a tragedy. But the conscientious physician sometimes flag-ellates his conscience with censure and self-reproach. His torment may even bring him to the brink of despair and of mental collapse. Which helps no one. Far better for the doctor to mobilize the inner resources of a rational life philosophy and thus to sustain his morale and his usefulness to society.

Each physician must find his own way through these hours of trial. But this is what I do. I say to myself:

"I am but a human being endowed with limited faculties of mind and body. I have tried to the best of my ability to develop and improve these faculties in order that I may practice my profession with credit. But because I share

0

ds

ns

rd

D.

ıt,

n,

rs

in

with all men the weakness of fallibility, I know I cannot at all times command proper judgment or take correct action.

"This thing I did, though it proved to be a grievous error, was not a willful wrong. Rather, it was in my judgment a reasonable action under the conditions that prevailed at the time.

"I can do nothing to change what happened. But this I can do: I can bring heart and mind and spirit to order so that I may better serve the future in which I am compelled to live. Indeed, I must do this as an obligation to all future patients I am called upon to treat.

"I pray that from this tragic in-

cident I may glean something of value—a bit more knowledge, a bit more skill, a bit more understanding—so that when confronted by a similar situation in the future, I will deal with it more adequately.

"Meanwhile, I will not waste my energy in useless brooding. If it's within my power to do so, I will rectify or soften the harm that has resulted from my error,

"And I will fix in my mind the fact that such happenings are an unavoidable part of professional experience; that only through the proper resolution of error may I attain the ultimate goal of our profession: true medical wisdom."

Testicular Test

During our first surgical lectures at medical school, one patient presented had a scrotal enlargement. A classmate of mine was called forward to examine him for possible scrotal hernia. Armed with flashlight and stethoscope, my classmate soon showed that he didn't quite know what to do with them in this case. Finally he put his stethoscope on the patient's scrotum and listened.

The professor asked wryly: "Well, do you hear anything?"
My classmate looked around helplessly. Then he straightened up and said in a firm voice: "Normal testicular sounds, sir!"

—HEINO TREES, M.D.

cl

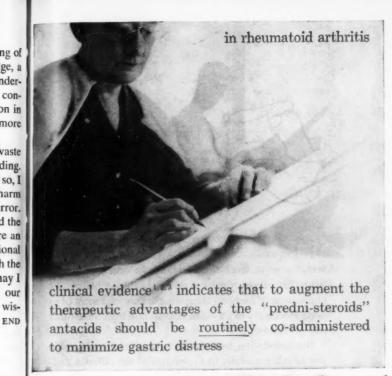
ar

RO

All the

'predn

positive to mir





Co-Hydeltra

All the benefits of the "predni-steroids" plus positive antacid action to minimize gastric distress.

References: 1. Boland, E. W., J.A.M.A. 148:613 (Febru-ary 25) 1956. 2. Margolis, B. M. et al., J.A.M.A. 158:454 (June 11) 1955. 3. Bollet, A. J. et al., J.A.M.A. 158:459 (June 11) 1955.



Co-Deltra



MERCK SHARP & DOHME DIVISION OF MERCK & CO., INC. PHILADELPHIA 1, PA.

'CO-DELTRA' and 'CO-HYDELTRA' are trademarks of MERCE & Co., INC.

MEDICAL ECONOMICS · MARCH 1957 239



When talking with patients

You've Got to Switch Your Roles

By John E. Eichenlaub, M.D.

Sometimes you issue direct and definite orders to the patient. Other times, you work out his health problems with him instead of for him. These are the two roles most of us find it necessary to fill—one role authoritarian, the other role permissive.

But how do you decide when to be which? And how do you switch gracefully from one role to the other in mid-interview, if necessary?

I learned how crucial these questions were soon after I started seeing private patients. I had usually drifted aimlessly from giving orders to relaxed give-and-take. Then one of my surgeon friends showed me a more efficient way.

"Why don't you make up your mind beforehand just what you want to achieve in each role?" he asked as we walked down the hospital corridor. "Then you can get into one role and stay with it until you've wound up all the suitable jobs. You'll accomplish more with most patients. Here, let me show you . . ."

h

ti

i

He turned into a patient's room, with me close behind him.

"How are you feeling, Mary?" he asked, taking the patient's pulse.

"All right."

nts

0

D.

aith

us

er

of

d-

I

1-

n

nt

st

et

"Not troubled with gas?"

"A little. It's not bad, though."

"I guess you're wondering what we did." He took out a pad and pencil and sketched an inflamed loop of bowel.

"Here's what we found," he said. "We call it regional enteritis. A foot or so of your bowel was red and swollen and very nearly stopped up. So here's what we did . . ."

He drew the near-by gut in close proximity and erased the dividing lines. "We made a detour passage for your bowel contents," he explained.

"And left the bad part in?"

"Yes. It won't hurt you, as long as there's no stoppage. And the detour we made takes care of that."

The surgeon paused. Then he asked: "Anything else on your mind?"

"No. Thank you, Doctor." As she smiled up at him, you could see she felt reassured and relaxed.

"Good." He stepped to the end of the bed and took up her chart.

"Now let's see what you need today," he said in a noticeably brisker tone of voice.

"You're making good progress. You'll need another jug of fluid this afternoon, though. And I'm leaving your



242 MEDICAL ECONOMICS · MARCH 1957



FOLIC ACID

Conspicuous if absent

Tennis anyone? Not without strings. A multivitamin preparation may be equally as ineffective for want of Folic Acid.

Folic Acid content varies in different foods, is destroyed in large part by cooking. The demand is greatest during periods of increased metabolism—infants, children, pregnant women, and convalescents having a typically high requirement for this essential nutrient.

For these reasons Folic Acid is now considered a vital part of multivitamin preparations. When a multivitamin preparation is indicated choose a complete formula—one that includes Folic Acid. American Cyanamid Company, Fine Chemicals Division, 30 Rockefeller Plaza, N. Y. 20, N. Y.

CYANAMID

CONVENIENT

ANT-ACID

For patients who must stay on the job



Easy to Carry. Pleasant to Chew Fast Efficient Results

The formula of BiSoDol Mints readily indicates why they afford such prompt and effective relief from heartburn and indigestion due to gastric acidity. No side effects. No constipation. No acid rebound or alkalosis. Free from sodium ion — BiSoDol Mints help restore the normal pH of the stomach to maintain the optimum in physiological functioning. Most convenient for working patients to carry in their pocket or purse.

COMPOSITION: Magnesium Trisilicate, Calcium Carbonate, Magnesium Hydroxide, Peppermint.



WHITEHALL PHARMACAL COMPANY . NEW YORK, N.Y.

244 MEDICAL ECONOMICS · MARCH 1957

SWITCH ROLES

suction tube in. If all goes well, we'll clamp it off for a while tomorrow and try to get rid of it before the end of the week."

"That's fine, Doctor."

"One other thing: I want you to move around in bed. The nurses will help you turn every hour or so. But change your position every fifteen or twenty minutes."

He put the chart down and gave a cheery wave. "You're doing fine," he said, leading me from the room. "See you again tomorrow."

His Technique Analyzed

When we reached the doctors' lounge, my friend asked: "Get the technique?"

"I think so," I said, "You questioned her, worked out a friendly explanation with her, and gave her a chance to unburden her mind if she wanted to. Then you took over and told her what was what."

"That's right. I did all the less directive things first. You noticed the deliberate closeness and the actual physical contact of pulsetaking. Such things are subtle ways of reassuring the patient that we're meeting this problem together. Then the time came for me to shift gears to an affirmative role."

ar

che

.

s well, nile tod of it

. The every ur powenty

n and re doig me again

ed octors' "Get

"You out a her, o unanted d told

oticed d the oulsesubtle atient oblem ne for

native DRE •

e less

announcing...

chemically conditioned

ACHROMYCIN V

ACHROMYCIN* V

Tetracycline Buffered with Sodium Metaphosphate

Chemically Conditioned To Produce Higher-Faster Blood Levels

ACHROMYCIN V combines the well-known antibiotic tetracycline with metaphosphate to provide greater and more rapid absorption of the antibiotic in the intestinal tract. This increased absorption is evidenced by significantly higher blood levels and by an increase in the excretion of the ingested drug in the urine. It is thought that this beneficial absorption is brought about by the chelating effect of the metaphosphate in the intestinal tract.

*Reg. U. S. Pat. Off.

Each capsule (pink) contains: Tetracycline equivalent to 250 mg. tetracycline HCI; Sodium Metaphosphate 380 mg.

The ch its tet metaph

CIN Te

the har

Vaphate

evels

e with antied by

ption n the The chemical structure of ACHROMYCIN remains unaltered. However, its tetracycline action is intensified. Chemically conditioned with metaphosphate, ACHROMYCIN V offers increased clinical efficiency. ACHROMYCIN V is indicated in all conditions indicated for ACHROMYCIN Tetracycline, and the recommended dose remains the same—one gram per day for the average adult.

ACHROMYCIN V places a newer, more effective therapeutic agent in the hands of the physician.

t. Off.

ACHROMYCIN

chemically conditioned for

greater antibiotic absorption

faster broad-spectrum action

Available:
Vials of 16 and
Bottles of
100 Capsules.
Each capsule
(pink) contains:
Tetracycline
equivalent to
tetracycline HCI
...250 mg.
Sodium
metaphosphate
...380 mg.

Dosage: 6-7 mg. per lb. of body weight for adults and children.



LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK

MUX

Per

when

oriasis tches v ny disa

Physic slow, , salic

e thers
cal irri
RIASO
lly cou
d 0.75
g, odos
Apply
orough
mical
ter one
Ethica

4 and

Test

CLINICAL REPORTS Persistent Psoriasis cleared with

The clinical file cards of physicians who ve used RIASOL in the treatment of priasis show remarkable results. In some es the thick crusted lesions had been sent for many years without any remism, in spite of various local medications.

When RIASOL is applied according to ections, the results in stubborn cases of riasis may appear almost unbelievable. tches which have been present for years y disappear in weeks.

Physicians who have been discouraged slow, uncertain results with chrysarobin, salicylic acid and other local medicas are invited to try RIASOL. Not only therapeutic results usually better, but al irritation is largely avoided as well.

RIASOL contains 0.45% mercury chemily combined with soaps, 0.5% phenol d 0.75% cresol in a washable, non-stainodorless vehicle.

Apply daily after a mild soap bath and rough drying. A thin, invisible, ecomical film suffices. No bandages required. ter one week, adjust to patient's progress.

Ethically promoted RIASOL is supplied 4 and 8 fld. oz. bottles at pharmacies or vet.

Test RIASOL Yourself



MAY WE SEND you professional literature and generous clinical package of RIASOL. No obligation. Write

SHIELD LABORATORIES

Dept. ME-357

12850 Mansfield Avenue Detroit 27, Michigan



Before Use of Riasol



After Use of Riasol

RIASOL FOR PSORIASIS

odv

YOU'VE GOT TO SWITCH YOUR ROLES

"You shifted gears?" I said.

The doctor smiled. "What I mean," he explained, "is that I backed off physically and flour-ished the chart, which is a sort of symbol of scientific management. I set the scene for some positive assertions."

The idea appealed to me. And when I talked it over with other doctors, I found another reason besides efficiency for thoroughly developing the one role before switching to the other. Here's how an internist of my acquaintance put it:

Time for Everything

"When you prepare for each role and fully exploit it, nothing gets overlooked. Your patients get definite information and orders. They get a sympathetic hearing and a thorough explanation, too, with plenty of chance to ask questions or air their problems. There's no danger of the permissive moment slipping by before the patient recognizes it. There's no chance that strict instructions will get lost in rambling discourse."

Today, I find, many experienced doctors are more than just aware of the gear-shifting principle; they conscientiously apply it. They begin by clarifying in their own minds the essential differences between each of the two major roles. Then they work out techniques for setting the stage,

How to Add Weight

When they want to give hardand-fast instructions, for instance, they're likely to lend extra weight to their pronouncements in any or all of the following ways: (1) They use a formal office setting; (2) they claim some of the prerogatives due them; (3) they speak in an extremely definite, assured manner.

"Take the case I had the other day," an internist friend said to me not long ago. "I knew she'd be hard to reassure, since she'd had conflicting opinions about her murmur from several other men. So I didn't broach the subject in the examining room. That would have been too informal a setting. Instead, I waited in my consulting room until she was dressed. When she came to the door, I let her wait a moment. I wrote a few words more on her chart before I motioned her toward the chair.

"By then, I'd led her to accept my authority in the matter at hand. When I put the record ing in al difne two rk out stage.

hardr inlend unceollowormal claim due in exnner.

other aid to she'd she'd about other sub-That

mal a n my was o the

ent. I n her er to-

ccept er at cord



Helps her keep slim-and active

When patients start to gain weight, they often become less active-and gain more weight! Health may suffer. You can stop this vicious circle, make it easier for patients to achieve and maintain normal weight by prescribing ALTEPOSE. It makes reducing easier because it provides 'Propadrine' to curb appetite, thyroid to release tissue-bound water, 'Delvinal' to relieve irritability.



MERCK SHARP & DOHME

DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

MEDICAL ECONOMICS · MARCH 1957 247

YOU'VE GOT TO SWITCH YOUR ROLES

aside and told her my conclusions, she was better prepared to accept them as authoritative."

When, on the other hand, the doctor wants to seem merely the sympathetic counselor, he can relax his attitudes and gestures. He can also move physically closer to the patient. In so doing, it becomes clear that he's ready to face facts with the patient.

The resultant scene often runs something like this:

"There," says the doctor.
"That's your program, Mrs.
Armstrong." He tosses down his

pencil, tears off the completed prescriptions and the list of orders, and relaxes.

He takes out a cigarette and offers one to the patient, moving his chair in the process to get the corner of the desk out from between them. He casually puts his scratch-pad at the same corner, where they can look at it together.

By this time, in effect, he has climbed down from his professional pedestal. He has set a new, informal tone and has drawn physically closer to his patient.

"Let's go over it again," he



"Spare a buck for a tranquilizer, Buddy?"

suc

pleted orders,

te and noving get the m beuts his orner,

ether. ne has rofesa new, drawn

ient. ." he for

intranasal infections DRILITOL* is particularly useful in children



"None of the children reported any burning or stinging results from the medication . . . there was no instance of any general reaction such as palpitation, sweating, nausea, or vomiting."

-Persky, A.H.: Eye, Ear, Nose & Throat Monthly 30:537

When you prescribe 'Drilitol' for your adult patients you can expect the same absence of side effects that has made 'Drilitol' the ideal intranasal preparation for children.

available in two forms:

DRILITOL SPRAYPAK'

'DRILITOL' SOLUTION

antibacterial

decongestive

antihistaminic

Smith, Kline & French Laboratories, Philadelphia

T.M. Reg. U.S. Pat. Off.

'Spraypak' Trademark

MEDICAL ECONOMICS · MARCH 1957 249

YOU'VE GOT TO SWITCH YOUR ROLES

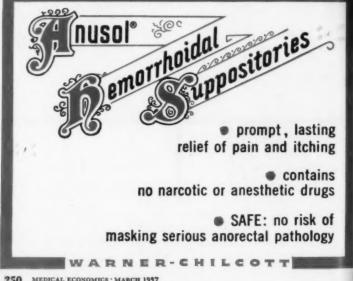
says. "Your X-ray looks like this." He draws a sketch. "The patch of pneumonia is right here." He touches her chest. "This virus is a lot less rough than old-fashioned pneumonia germs, but we don't have any medicine that knocks it fast. That's why those orders I gave for bed rest and the like are so important. You've got to build up your body's power to fight off the infection. We can't do the job with pills alone. You see what I mean, don't you?"

Mrs. Armstrong nods. "But can't I move my bed downstairs?" she pleads. "Jim won't be able to find a thing in my kitchen. And I'll go crazy lying upstairs while he jumbles everything up."

Give and Take

"Yes, but what can you do if you are within sight? You're just as well off upstairs where nobody'll depend on you. And, believe me, the only thing they'll really depend on you to do is get well quickly. They'll be glad to eat frozen meat pies and hashhouse chow mein for a little while."

The casual tone, the use of ex-

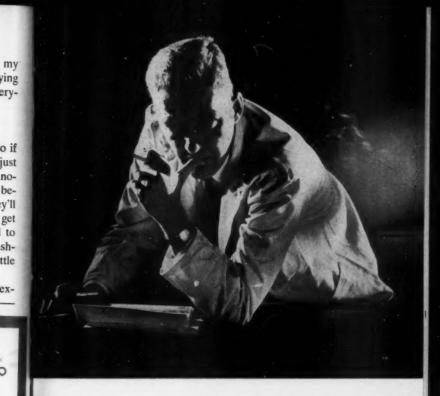


MEDICAL ECONOMICS - MARCH 1957

ticular

We ca but th

anter



Why new examining room furniture?

Few men in other callings are subject to demands as severe as those that daily face the Doctor. Particularly in recent years, the office day has steadily lengthened while the demands on each office hour have increased.

We can't suggest a simple answer, but there is one thing you can do. See to it your examining rooms are more productive—and—a pleasanter place for both you and your patients.

New Hamilton examining room furniture plays an important role in such a change. Equipment designed to save a few minutes out of every office hour . . . styled to provide a friendly, relaxing setting for your work.

But don't just take our word for it. Ask any Doctor who's recently reequipped with Hamilton.

Hamilton

outstanding professional furniture for the doctor's office

MAMILTON MANUFACTURING COMPANY . TWO RIVERS, WISCONSIN

g

S

pressions like "let's" and the doctor's appreciation of the patient's viewpoint help him win her confidence. Side-by-side perusal of the little sketch also helps. The patient opens up as they talkand the doctor gets a chance to calm her doubts and fears.

How to Shift

So it isn't hard to establish and exploit one role, whether it be dictatorial or permissive. The real problem comes when you've got into one role so deeply that a shift into the other seems somewhat abrupt.

Here's where a few well-tried techniques come in handy:

1. You can switch roles most easily at a time when nothing much is going on between doctor and patient. If you think back over recent calls, you'll probably find plenty of natural breaks in contact-while the patient dressed, for instance, or while you waited for lab reports, or during the expectant pause that followed the completion of one topic of conversation.

Most doctors find it easy to break down the barriers of formality at such junctures. Or they make the switch to greater formality by reaching for their pre-

scription pad and saying briskly: "Well, here's what I want you to do . . . "

2. You can create role-changing moments by simply shifting the position of simple office props. My partner's X-ray viewbox stands on a low bookcase near the chair where his patients sit. When he puts on a film and pulls his chair over, he's automatically alongside the patient.

The doctor keeps certain visual aids in that same bookcase. So he approaches the patient whenever he uses them in his explanations. And there's a pullout writing board above the top drawer of his desk. He often rolls his chair over to the patient's side of the board as he puts his scratch-pad on it; then they're looking together at any helpful sketches or lists.

Retreat to Formality

To make the opposite shiftto more rigid authority—he uses another prop: his middle desk drawer.

"I keep my prescription pad and instruction sheets stowed there," he explains. "So whenever I want to get more formal, I have an excuse for getting behind the desk." [MORE

contro pirato questi nephr respir comp expec Early again: tions pneur

ACHR

or rhe Includ recom relief cold s Adult and Syrup of sy Dosag

weigh

Avuil

Each ACHR Phen: Caffe Salicy Chlor ACHROCIDIN is indicated for prompt control of undifferentiated upper respiratory infections in the presence of questionable middle ear, pulmonary, nephritic, or rheumatic signs; during respiratory epidemics; when bacterial complications are observed or expected from the patient's history.

riskly:

you to

chang-

hifting

office

view-

okcase

atients

m and

auto-

atient.

in vis-

kcase.

oatient

his ex-

n rolls

's side ts his ney're nelpful

hift-

e uses

desk

n pad

when-

nal, I

ehind

DRE

Early potent therapy is provided against such threatening complications as sinusitis, adenitis, otitis, pneumonitis, lung abscess, nephritis, or rheumatic states.

Included in this versatile formula are recommended components for rapid relief of debilitating and annoying cold symptoms.

Adult dosage for ACHROCIDIN Tablets and new, caffeine-free ACHROCIDIN Syrup is two tablets or teaspoonfuls of syrup three or four times daily. Dosage for children according to, weight and age.

Available on prescription only

symptomatic relief... plus!

ACHF TETRACYCLINE-ANTIHISTAMINE-ANALGESIC

COMPOUND

Tablets and Syrup

Each tablet contains:

ACHROMYCIN® Tetracycline

Phenacetin Caffeine

Salicylamide

Chlorothen Citrate

125 mg. 120 mg.

30 mg.

150 mg. 25 mg.



*Trademark

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK

MEDICAL ECONOMICS · MARCH 1957 253

YOU'VE GOT TO SWITCH YOUR ROLES

3. You can create a good break by summing up whatever you've been discussing. After giving a set of orders, for instance, you can say: "Now I'll go over the list quickly once more. Then let's work up a schedule for you together." The change of mood is made apparent in those very words.

4. You can sometimes lead into a change of roles by mere pauses or posture changes. A psychiatrist once told me: "Use the plain old punctuating pause. It winds things up. Then shift your position a bit in your chair.

Such physical actions telegraph the news that something different is on the way."

It all boils down to the fact that every patient needs two things: He wants us to deal with his problems; but he wants to make the real decisions himself.

Four Jobs for You

It isn't easy to be his boss, his servant, his oracle, and his mentor all rolled into one. But you can be all these things if you decide when to be which, then create the right moment for switching roles.

HAVE YOU CHANGED YOUR ADDRESS?

To insure uninterrupted delivery of your copies of MEDICAL ECONOMICS, please fill out and return the coupon below:

M	edical I	conomi	cs, Inc	, Circ	ulation	Dept.,	Rutherford	i, N.J.
Name				(plea	se print)			M.D.
New	addres	S1						
,	Street						*****	
	City .					Zone	State	
Forme	er addr	0551						
	Street							
	City .				2	Zone	. State	
		. (Please	use this	coupon	for addre	ess change	only)	

Rauwiloid®

A Dependable Antihypertensive

"... by far the most effective

and useful orally administered agent for reducing blood pressure... fully worthy of a trial in every case of essential hypertension in which treatment is thought necessary. The severe cases, which always need treatment, are as likely to respond as the mild."

1. Locket, S.: Brit. M.J. 1:809 (Apr. 2) 1955.

An Effective Tranquilizer, too

"... relief from anxiety resulted in generally increased intellectual and psychomotor efficiency with a few exceptions." Rauwiloid is outstanding for its nonsoporific sedative action in a long list of diseases burdened by psychic overlay.

 Wright, W.T., Jr., et al.: J. Kansas M. Soc. 57:410 (July) 1956.

Dosage: Merely two 2 mg. tablets at bedtime.

After full effect one tablet suffices.

A logical first step when more potent drugs are needed

Rauwiloid is recognized as basal medication in all grades and types of hypertension. In combination with more potent agents it proves synergistic or potentiating.

Rauwiloid®+Veriloid®

In moderate to severe hypertension this single-tablet combination permits long-term therapy with dependably stable response. Each tablet contains I mg. Rauwiloid (alseroxylon) and 3 mg. Veriloid (alkavervir). Initial dose, 1 tablet t.i.d., p.c.

Rauwiloid®+

Hexamethonium

In severe, otherwise intractable hypertension this single-tablet combination provides smoother, less erratic response to hexamethonium. Each tablet contains 1 mg. Rauwiloid and 250 mg. hexamethonium chloride dihydrate. Initial dose, ½ tablet q.i.d.

Riker LOS ANGELES

MEDICAL ECONOMICS - MARCH 1957 255

h

u





So You Think <u>You've</u> Got Troubles!

In this inspired* playlet, the author shows what might happen if physicians routinely told their patients what they really think

By Frederick W. Goodrich Jr., M.D.

(The scene is the office of Dr. Eric Jungfrau, a psychiatrist. Dr. Jungfrau is seated at his desk reading a small, thick magazine that shall remain nameless. Miss Adler, his nurse, enters.)

Miss A: Doctor, here's your next patient, Mr. Sigmund Oedipus.

(Mr. Oedipus, a middle-aged man who resembles a moderately successful hospital inspector, walks briskly into the room, casting penetrating glances in all directions. Miss Adler scurries out.)

MR. O: O.K. Where's the couch?

Dr. J: All in good time, Sigmund. Aren't you being a little abrupt?

MR. O: Have to, Doc. My last psychiatrist told me to be more aggressive. [MORE ▶

inting.

stions.

INC.

^oInspired by "The Ten Biggest Gripes Among Today's Doctors," MEDICAL ECONOMICS, December, 1956.

SO YOU THINK YOU'VE GOT TROUBLES!

Dr. J: Oh, you've been to another psychiatrist, eh? Why are you changing doctors? What was wrong with the fellow?

MR. O: My last doctor quit practice to go into survey work—sending out questionnaires, that sort of stuff. Said he couldn't be himself as a doctor.

Good-by Guilt

DR. J: (musing): Couldn't be himself, huh? What was he really like?

MR. O: He was a jerk. Anyway, we never finished my treatment. (Lying down on the couch.)

Let's go, Doc. I want to work out my guilt feelings.

DR. J: What guilt feelings have you? (He takes out his pad.)

No Time for Fun

MR. O: Well, I'm so busy at work that I don't have enough time for my family. I almost never see them. That makes me feel very guilty.

DR. J: How much time do you spend at home? Ordinarily, I mean?

MR. O: Only week-ends and most evenings. So from 9 A.M. to 5 P.M. for five days a week I

announcing-

the first analgesic-hypnotic

new Sominat

dichloralantipyrine National

a new molecular complex of chloral hydrate with antipyrine for built-in pain relief

...for safer, sounder sleep without side effects or addiction

25R MEDICAL ECONOMICS · MARCH 1957

bosage to 2 to SEDATION mg. Sci

of Orig Research hardly get a look at my wife and kids. It's rough!

Dr. J: You mean you're home from 5 at night till 9 in the morning, and every week-end too—and still feel guilty? Maybe you don't like your work.

MR. O: No. I like it fine. Wouldn't change it for the world. But it takes too much time. Not having enough home life is making me neurotic as hell.

The Doctor Sounds Off

Dr. J: (bitterly): Listen to who's talking! Do you know how often I get home? About two

evenings a week, and Sunday if I'm lucky and don't get any emergency calls.

MR. O: Is that a fact?

DR. J: Yes, it's a fact. Most nights I stay here until 8 o'clock anyway, sometimes till 9. If I leave early, it's only to go to a medical meeting. Saturdays I'm supposed to leave at noon, but there's always somebody I've got to see. When I do get home, the telephone rings all the time. (His voice rising) And usually it's some neurotic who talks for half an hour while my dinner gets cold.



out

ngs

d.)

at

igh

ost

ne

ou

I

nd

CONTINUOUS SIEEP seminat is a new molecular complex of chloral hydrate and antipyrine, giving a unique synergistic effect which increases hypnotic action (over ordinary chloral hydrate) by 35%. Sominat assures continuous sleep of a more revitalizing kind than that provided by other hypnotics.



COMFORT FROM pain seminate exerts an analgesic effect offered by no previous hypnotic. The action of antipyrine in this complex relieves and protects the patient from the aches and pains which so often prevent sleep.



Clear head in the morning in seminat, the chloral component is modified by antipyrine, which . . . "eliminates chloral gastric irritation, nausea, vomiting, disagreeable taste and odor." The danger of habituation is minimal, and the patient awakens refreshed and without "hang-over."

Rice, W.B., and McColl, J.D.: J. Am. Pharm. A. 45:137 (Mar.) 1956.

Desage and Administration: As HYPNOTIC: 1 to 2 tablets with full glass of water. As SEDATIVE: ½ tablet. Supplied: Tablets, 600 mg. Scored. Bottles of 100. Products of Original Research The National Drug Company Philadelphia 44, Pa.

MEDICAL ECONOMICS · MARCH 1957 2

rine

elief

on

SO YOU THINK YOU'VE GOT TROUBLES!

MR. O: Gee, Doc. I didn't know you had it that bad. Gee, I'm sorry. But still you love your work. It isn't a business like the one I'm in.

Bothered by Business

DR. J (who rises as he interrupts and starts to pace the floor): Huh! I bet you believe a doctor like me doesn't have a business care in the world—don't you?

MR. O: Well, as a matter of fact, yes. I...

DR. J (breaking in again): You couldn't be more wrong. Let me tell you, I have to pay a pretty rent on this suite. And you wouldn't believe it if I told you about my uncollected accounts. The worst thing is that nobody ever told me I'd have to be a businessman. They should have had an economics course in medical school or something. If they'd only just taught us to fill out an income tax form!

All Among Friends?

MR. O: Gosh, I had no idea. Anyway, I suppose you have a nice relationship with other doctors. No dog-eat-dog like in the used-car game. [MORE ▶





*Controlled disintegration capsules of 30 mg. pentaerythritol tetranitrate (PETN). Also available, Pentritol-B Tempules with 50 mg. butabarbital added. One PENTRITOL Tempule every 12 hours assures 24-hour protection from enginal attack in almost all patients. A 10 mg, release of PETN every four hours maintains continuous coronary vasodilation, eliminating all dengerous medication gaps. Only PENTRITOL Tempules offer the protection of 24-hour uninterrupted prophylaxis.

Write for literature and samples

the EVION CO., CHICAGO 13, ILL.

These accessi patient

base for rotation footress hand I

or writ

BASIC POSITIONS





Pediatric-Infant



u

Proctologic

Varicose Veins

EXCLUSIVELY YOURS

WITH A RITTER UNIVERSAL



Reverse Trendelenburg









TARLE

Horizontal

Trendelenburg

Contour Chair

These 12 basic positions of the Ritter Universal Table provide amazingly easy accessibility to any desired examination and treatment area of any of your patients ... especially the elderly, arthritic, cardiac or otherwise infirm.

Consider these energy-saving features—quietly powerful motor-hydraulic base for effortless, full 18" patient elevation; smooth hand wheel tilt; 180 degree rotation; 7-position rectangular headrest cushion; combination kneerest, footrest and table top extension; and self energizing automatic hand lever locks for back and leg sections.

See your Ritter dealer now for additional information and a demonstration, or write the Ritter Company, Inc., 4227 Ritter Park, Rochester 3, N.Y.



Chair



GYN



Pediatric-Child



Lateral (Sims)

Company Inc.

RITTER PARK . ROCHESTER 3, N. Y.

MEDICAL ECONOMICS · MARCH 1957 261

SO YOU THINK YOU'VE GOT TROUBLES!

DR. J: That's what you think, Sigmund. Why, I could tell you stories about cut-throat competition that would make your hair curl. (His voice soars to a high pitch.) When I started practice, I thought doctors were supposed to help other doctors.

MR. O (soothingly): All right, Doc. Take it easy now. No use blowing your aneurysm. Why don't you lie down? (He vacates the couch.)

DR. J (gratefully stretching out): Thanks. I am tired. Seems as if I'm tired all the time. I don't have anywhere near the energy

and pep I had when I was in college.

Mr. O: Well, you've got to look on the bright side of things. Look at the way people admire their doctors. Everybody respects a medical man. Doesn't that make you feel good?

Not Now, They Don't

DR. J: But everybody doesn't respect us. It used to be that way, but no more. No special consideration at all. You wouldn't believe the way patients criticize my treatments. (In a mincing falsetto) "Why don't you give me that

Bellergal Spacetabs.

For Your Menopause Patients who complain of ...

Hot Flashes, Sweating, Palpitation, Nervous Stomach, Dizzy Spells, etc.

Best Benefited by 'round-the-clock control with Bellergal Spacetabs.

Proven safe in more than 3400 Published Cases / Dosage: 1 Bellergal Spacetab
in the A.M. and 1 in the P.M. / Each contains: Ergotamine tartrate O.C. mg., Bellafeline O.S mg., Phenobarbital 40. ms.

ABJUSTE WATERSON



Successful appetite control begins

in the supermarket

If your overweight patient can resist the temptation to buy high calorie snacks, he's well on the road to successful weight reduction. You will find that one Dexedrine* Spansulet sustained release capsule taken in the morning controls appetite all day long -both at mealtimes and in the supermarket.

*T.M. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F. † T.M. Reg. U.S. Pat. Off.



MEDICAL ECONOMICS · MARCH 1957 263

oi-

to igs. ire ects hat

n't ay, idoemy etnat

Len

s, etq

etabs.

pacetab

1 40. mg.

TICALS

Prescribe

supports and appliances

Economy, strength and scientific function—these are what you give your patients when you prescribe Camp supports and appliances. Your local authorized Camp Dealers stock a complete Camp line for use in home and hospital.



Camp's new nontoxic, washable, plastic Thomas Collar for intermediate cervical support where prolonged, non-rigid hyperextension is indicated... camp to use, lightweight, comfortable, simply adjusted.

A one piece legging for lower extremity skin traction. Eliminates need for a variety of materials. Simplicity of application and adjustment permits application by unskilled persons. Relative freedom from sericus complications.



Camp's Arm Sling designed to take strain off the neck by using the shoulder for support . Fitted with a single tie . Reversible for use on either arm . . Available in attractive blue, grey, brown or white.



JACKSON, MICHIGAN

264 MEDICAL ECONOMICS · MARCH 1957

YOU'VE GOT TROUBLES!

new drug I read about in the Digest, Doctor? Why don't you pay more attention to my unconscious fears, Doctor?"... It's stuff like that from morning till night, and it takes so much time I'm just never able to keep up with my schedule.

Why Go Away?

Mr. O: What you need is a vacation.

DR. J: What for? Just to come back to the old routine? Sometimes I think I can't communicate with anyone. This language barrier . . . And all the studying I



Whether you contribute direct to your Alma Mater or your State or County Medical Society or, through the American Medical Education Foundation — Why not DO IT TODAY?

american medical education foundation

535 M. Dearborn Street Chicago 10, III.

This space contributed by the publisher

for a spastic **Gy**

Trasentine-Phenobarbital

C I B A Summit, N. J.

2/2228M

ict iety edical

dation e, III. blisher

pay conlt's g till time p up

is a

omenuniuage ing I

integrated relief ...
mild sedation
visceral spasmolysis
mucosal analgesia

TABLETS (yellow, coated), each containing 50 mg. Trasentine® hydrochloride (adiphenine hydrochloride CIBA) and 20 mg. phenobarbital.



Eczema of 8 years duration



Skin Cleared in only 10 months

MAZON dual therapy

With MAZON soap, the treatment of choice for Psoriasis, Alopecia and other skin conditions not caused by or associated with metabolic disturbances.

Dispensed only in the original blue jar.

Belmont Laboratories, Philadelphia, Pa.

266 MEDICAL ECONOMICS · MARCH 1957

YOU'VE GOT TROUBLES!

have to do just to keep my head above water...It's hopeless, I tell you. Hopeless! (He writhes on the couch.)

Tables Are Turned

MR. O (sitting down at the desk and taking pad and pencil in hand): Now, look here, Jungfrau. I don't think this situation is anything we can't work out together. Why don't you begin at the beginning and tell me how it all started? When did you first decide to study medicine? . . .

(Dr. Jungfrau sighs in blessed relief, and his words begin to pour out as the curtain falls.) END



the next patient you see



that patient may need nutritional support that patient may need a corrected diet and

THERAGRAN

Squibb Therapeutic Formula Vitamins capsules • liquid

clinically proved, truly therapeutic dosages of the six vitamins almost invariably associated with chronic vitamin deficiency states

Each Theragran Capsule, or each 5 cc. teaspoonful of Theragran Liquid, supplies:

trigingian Eideral anbhiteat	
Vitamin A25,000 U.S	S.P. units
Vitamin D 1,000 U.S	S.P. units
Thiamine	10 mg.
Riboflavin	10 mg.
Niacinamide	150 mg.
Ascorbic acid	150 mg.

Supply: Theragran Capsules, bottles of 30, 60, 100 and 1000. Theragran Liquid, bottles of 4 fl. oz.

SQUIBB



Squibb Quality-the Priceless Ingredient

"THERAGRAM" IS A SQUIBS TRADEHARK.

MEDICAL ECONOMICS · MARCH 1957 267

ss, I

the ril in rau. any-her. be-all de-

sed

END



Should the Patient 'Profit' From Sickness?

Multiple insurance coverage poses a fee problem for many M.D.s. Can something be done about it? One state's doctors say yes

By William N. Jeffers

One of your patients, Joe Thompson, has several medical-surgical policies. As a result of such multiple coverage, he collects more in benefits than you charge him. So he actually makes money out of your services.

What can you do about Joe Thompson? Or is it any of your business?

Questions like these have long been bothering doctors in industrial areas, where several members of a family are likely to work. Each such person is usually covered by a group policy at his place of business. Each policy may also cover the other members of the family as dependents. So it's not uncommon for a patient to bring his doctor as many as three or four insurance claims forms to fill out.

Of all persons with medical-surgical insurance, one in seven now has multiple coverage, the Health Insurance Council estimates. And as more and more policies are so

ot

m

Is

R

re

Is

(

ar

SU

sold, doctors almost everywhere will have to face up to this problem.

How should they handle it?

To get a line on the answer, MEDICAL ECONOMICS recently queried a national cross-section of insurance companies, Blue Shield plans, state medical societies, and other interested groups and individuals. Just one readymade solution emerged—the one worked out by Rhode Island doctors. But other doctors and insurance men seem to be sharply divided on the merits of Rhode Island's Rx.

As a first step toward crystallizing U.S. medical opinion, MEDICAL ECONOMICS presents herewith a three-part report on its findings. It encompasses (1) what Rhode Island doctors do about patients with multiple coverage; (2) what others say in support of the Rhode Island idea; and (3) what still others say against it.

What Rhode Island Doctors Do

Among the most outspoken critics of multiple-coverage "profiteering" by patients is Dr. Charles L. Farrell of Pawtucket, R.I. Speaking as president of his state medical society and as former chairman of the society's health insurance committee, Dr. Farrell says:

"We doctors in Rhode Island go on the theory that the patient is not entitled to make money on his doctor's services. We've no objection to working for a reduced fee if

ee

es

rs

i-

0

of

rs

d

IS

e

e

SHOULD THE PATIENT 'PROFIT'?

the patient has limited resources. But if through multiple coverage the patient has resources adequate to pay the usual and customary fee, the doctor should collect it.

Earmarked Money

"Furthermore, none of the money earmarked by the insurance companies for medical services should find its way into the patient's pocket. There's no justification whatsoever for the balance above the doctor's fee to be turned over to the patient."

Until a couple of years ago,

Rhode Island patients by the score could—and did—collect more than their physicians charged them. The state medical society heard many complaints from its members about this. Example: A Providence surgeon reported having charged a business executive \$250 for an appendectomy, while the executive collected a total of \$500 on five medical-surgical policies.

In the fall of 1953, the society decided to take action. Dr. Farrell and his health insurance committee drew up a suggested plan of procedure in multiple-



The adol next

how quic ful

B12;

Sm

With all this talk about losing weight, are we overlooking a lot of patients who need to

the

ect ns

cal nts

Ex-

on siipive ive

ety arice ed le**WEIGHT?**

There are legions of them: The below-par child. The "skinny" adolescent. The sallow, listless adult. The elderly patient who eats next to nothing-and looks it. Convalescents of all ages.

Try 'Trophite' in your anoretic, undernourished patients and see how quickly they start to eat, how quickly they gain weight, how quickly they regain normal vim and vigor. Each delicious teaspoonful of 'Trophite', or each convenient tablet, contains 25 mcg. B12; 10 mg. B1.

the high potency combination of B₁₂ & B₁

Trophite* for appetite

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off.

coverage cases. Here's how the Rhode Island plan works:

First, the doctor finds out from the patient exactly how much coverage he has. Then he explains his charges to the patient on the following basis:

If the patient has only one policy, and if his income is below the ceiling set for full-service benefits, the doctor agrees to accept as full payment the limited fee that is provided by the health plan.

Usual Fee Regardless

But if the patient has more than one policy, with coverage enough for the doctor's usual fee, the usual fee is charged regardless of the patient's income level.

Where possible, the doctor prorates his usual fee among the policies. Suppose, for instance, his customary charge for a herniorrhaphy is \$150. Suppose the patient has two policies, each of which pays up to \$100 for such an operation. The doctor simply Bills each insurance carrier for \$75.

Sometimes this isn't possible. For example, one of the policies may pay up to \$125, while the other pays a flat \$100. In that case the doctor can take the flat

\$100 and then bill the flexible fee insurance carrier for \$100 also—the idea being that it would be unfair for the doctor to decide which plan should pay the larger and which the smaller sum.

That will bring him \$200, or \$50 more than his usual fee. The extra \$50 is kept by the doctor but credited to the patient. (It's either applied to his unpaid balance or credited against future services.)

In this way, all medical-surgical allowances are used for medical-surgical services only.

Rhode Island doctors believe their plan gives all parties concerned a fair shake. The doctor gets a proper fee. The insurance companies disburse no more than sound business dictates. And the patient, having agreed to the arrangement in advance, can't feel that he's being done out of anything.

No More Beefs

This procedure is now used everywhere in the state. As a result, says Dr. Farrell, complaints about multiple coverage seldom arise any more.

But how do those concerned with the problem elsewhere feel about all this?

Deception

simple, effective conception control



RECEPTIN'

stible \$100 hat it ctor to ay the r sum. 00, or e. The doctor . (It's d balfuture

surgimed-

elieve s conloctor arance e than and the he ar-'t feel f any-

As a com-

erned e feel

SHOULD THE PATIENT 'PROFIT'?

Well, there's virtually complete agreement that if multiple coverage makes it possible for the patient to pay the doctor's usual fee, he should do so. But at weitis this point unanimity ends.

Let's examine the conflicting Right eye attitudes across the country:

and iridocycli Marked

periorbita edema.

In Favor of Rhode Island's Rx

"The Rhode Island plan is fair and practical," says Dr. Milford O. Rouse, president of the Texas Medical Association.

"It appears that the Rhode Island doctors have a very workable solution," comments W. H. Sherin, executive director of Iowa's Blue Shield plan.

Such broad approval is voiced in many quarters. Yet supporters of the Rhode Island program endorse mainly the spirit behind it rather than its actual details.

Some of these details are sharply criticized even by sympathizers with the main idea. For example, Dr. L. Howard Schriver, a former president of the national association of Blue Shield plans, says:

"Prorating the doctor's usual fee among several health insurance policies is unfair to the insured and discriminatory in favor of the carrier. It would be much fairer to have the patient pay the total amount of his insurance benefits—all of it—to the doctor."

But the prorating idea finds plenty of supporters, too. Says one of them-Donald E. Eagles, executive vice president of North Dakota Physicians Service: "We haven't yet adopted the prorating system in North Dakota. But the idea is bound to spread. The entire health insurance industry may be forced to accept it."

Could the Rhode Island program be made to work on a national scale? Most supporters seem to believe this would be difficult but possible. Their attitude is perhaps best expressed by John S. Crosby, group manager in charge of accident and health insurance for the Hardware Mutual Casualty Company:

"The Rhode Island plan works in Rhode Island because of certain essential conditions in that state. It would be hard to estab-

Diabetic **Ulceratio** Female diabetic, years old. Periphera arteritis obliteran with cells

gangreno

ulceration Burning

> Fibr cellu mati jecti infla ity i re-es Indie

bruis and chori Note pecte bacte Dos For

Product Origina

Hasten resolution of inflammation

But at weitis and iridocyclitis flicting Right eye. Marked periorbital dema.

Diabetic

Female

vears old.

arteritis

Peripheral

obliterans,

irance

doc-

finds

Says

agles.

North

"We

rating

ut the

e enustry

pro-

a narters

dif-

tude

by

ager

ealth

Mu-

orks

cer-

that

tab-



BEFORE PARENZYME



AFTER PARENZYME









Time between photos 9 weeks. Parenzyme administered daily. Healing of ulcer complete. Pain and edema eliminated.

nzvme*

anti-inflammatory effects without steroid reactions

Fibrin deposits in the minute pores of the capillaries, lymphatics and intercellular tissue spaces form a major barrier to the speedy resolution of inflammation.1 Martin1 believes that Parenzyme (intramuscular trypsin) after injection is selectively adsorbed by fibrin and acts as a depolymerase at the inflammatory site. By this action fibrin deposits are removed, tissue permeability is restored and inflammatory exudates are resorbed. Local circulation is re-established permitting tissue repair to proceed.²

Indications: Inflammatory disorders characterized by edema such as traumatic wounds, bruises, contusions, phlebitis, thrombophlebitis, phlebothrombosis, decubitus, diabetic and varicose ulcers, iritis, iridocyclitis and chorioretinitis.

Note: Where infection is present or suspected concurrent administration of anti-bacterial agents is recommended.

Dosage: 5 mg. (1 ml.) once or twice daily. For severe acute conditions two injections

daily are recommended for the first one or two days until inflammation begins to sub-side, then once daily or less frequently as indicated. Use dry syringe, inject very slowly intragluteally.

Supplied: 5 ml. multiple dose vials (5 mg. purified crystalline trypsin/ml.)

References: 1. Martin, G. J.: Lecture before Delaware Academy of General Prac-tice, Wilmington, Delaware, Dec. 11, 1954. 2. Wildman, C. J.: Angiology 6:473, 1955.

Products of Original Research

THE NATIONAL DRUG COMPANY Philadelphia 44, Pa.

MEDICAL ECONOMICS · MARCH 1957 275

ADEQUATE PREVENTIVE CARE THROUGHOUT MATURITY MEANS BETTER HEALTH IN LATER YEARS

"Damage" not "age" is chief problem in geriatrics

"Health conservation throughout maturity means less gambling with health in old age." Age is not so much a chronologic destiny as a measure of physical disability. Crampton states: "Our enemy is not age; it is damage, largely avoidable, largely correctable."

Vital efficiency may be adversely influenced by improper adjustment of the body economy to declining sex hormone function as well as by nutritional inadequacy, and emotional instability. Functional impairment due to these stressors may be largely overcome by adequate substitution therapy.

Preventive geriatrics should have three objectives: 1. prevention—to guard against premature breakdown of body reserves and damage; 2. control—to ease and retard functional damage; 3. construction—to arrest the process of rapid decline and repair some of the damage.

Combined estrogen-androgen therapy will help maintain the integrity of general metabolic

processes. Aging patients have responded to dual steroid management with an increase in body weight, improved strength and vigor. and a restored sense of well-being.3 In both men and women, preventive sex hormone therapy "... may ease and retard the aging process . . . " and, in some cases, help ". . . to repair some of the damages."3 Certain aging tissues may even be revitalized and restored to the function and appearance of an earlier period.5 The metabolic effects of each hormone are additive. However, the opposing action of the two steroids on sexlinked tissues minimizes the incidence of undesired side reactions.

Nutritional supplementation helps guard against the onset of low grade vitamin deficiencies and moderate anemias which are almost the rule in the aging patient. The vitamins of the B complex as well as ascorbic acid are concerned with the intermediary metabolism of carbohydrates, fats and proteins. They also assist in antibody formation, maintenance of capillary strength . . . in

(continued)

have anagebody vigor, eing.3 entive y ease to reertain alized nd ap-5 The rmone posing n sexincihelps grade derate e rule amins corbic interbohyy also

RAPHED BY ARNOLD NEWMAN ON BOARD S. S. FLANDRE

patients on "MEDIATRIC" can look forward to a healthier, happier "second forty years"

IS 25

cs

ons.

main-. . in nued)



Improved health for the aging patient

Steroid-nutritional therapy can play an important role in helping the patient enjoy continuing physical vigor, mental alertness, and emotional stability throughout the "second forty years." "Mediatric" is specially formulated for this purpose.

"Mediatric" contains estrogen and androgen in small doses to offset declining gonadal function; nutritional supplements to compensate for faulty nutrition and, in addition, a mild antidepressant to promote a brighter mental outlook.

Patients on "Mediatric" have responded with increased physical vigor, improved muscle tone, and better emotional balance.*

"Mediatric" is supplied in tablets, capsules and liquid. Formulas and suggested dosages appear on the facing page.

*Perlman, R. J., and Dorinson, S. M.: Presented before the Third Congress of the International Association of Gerontology, London, England, July 19-23, 1954.

"MEDIATRIC"

Steroid-Nutritional Compound

in Preventive Geriatrics

Ayerst Laboratories • New York, N. Y. • Montreal, Canada



Early "dam

fact, in Vitamin

> A m store a gentle oxyepl tend to ness, the

compor

"Me

and ar effect gonada tritional lected and a mote a

Rec tablet fuls)

Fen 3 teas taken period

The geriat ter or bers of the "s qualit during through the terms of th

Early preventive care helps forestall premature "damage" in the "senior" years (continued)

fact, in virtually all body processes.⁷
Vitamin supplements also aid in the effectiveness of hormone therapy.⁸

A mild antidepressant helps restore a brighter mental outlook. The gentle stimulation provided by desoxyephedrine in small doses will tend to increase interest and alertness, thus encouraging the patient to live a more normal life.

"Mediatric" (steroid-nutritional compound) is specifically formulated to meet the needs of the aging.

"Mediatric" contains estrogen and androgen in amounts that will effectively supplement declining gonadal hormone production; nutritional supplements specially selected for the needs of the patient; and a mild antidepressant to promote a brighter mental outlook.

Recommended dosages: Male-1 tablet or 1 capsule (or 3 teaspoonfuls) daily, or as required.

Female—1 tablet or 1 capsule (or 3 teaspoonfuls) daily, or as required, taken in 21 day courses with a rest period of one week between courses.

The broad objective of preventive geriatrics is to develop happier, better oriented and more useful members of our aging population during the "senior" years. The regenerative qualities of this long range program during early maturity and continued throughout the years favor the main-

tenance of physical vigor and emotional calm.

Three dosage forms available

"MEDIATRIC" Tablets and Capsules

THE STATE OF THE PERSON OF THE CO.	orboat	416.7
Each tablet or capsule contains:		
Conjugated estrogens equine		
("Premarin")	0.25	mg.
Methyltestosterone	2.5	mg.
Vitamin C (ascorbic acid)	0.0	mg
Thiamine mononitrate (B ₁)	5.0	mg.
Vitamin B12 with intrinsic factor		
concentrate1/6 U.	5.P. T	Unit
Folic acid U.S.P.	0.33	mg.
Ferrous sulfate exsic.	0.0	mg.
Brewers' yeast		
(specially processed)20		
d-Desoxyephedrine HCl	1.0	mg.
Tablets-No. 752-bottles of 100 and	1,00	0.
Capsules-No. 252-bottles of 30,	100,	and

"MEDIATRIC" Liquid

Each 15 cc. (3 teaspoonfuls) contains: Conjugated estrogens equine

("Premarin"®)	0.25 mg.
Methyltestosterone	2.5 mg.
Thiamine HCl (B ₁)	5.0 mg.
Vitamin B ₁₂	1.5 mcg.
Folic acid U.S.P.	0.33 mg.
d-Desoxyephedrine HCl	1.0 mg.

Contains 15% alcohol

No. 910-bottles of 16 fluidounces and 1 gallon.

BIBLIOGRAPHY: 1. Harris, R.: J. Am. Geriatrics Soc. 2:210 (Apr.) 1954. • 2. Crampton, C. W.: New York State J. Med. 34:2844 (Oct. 15) 1954. • 3. Goldzieher, M. A., and Goldzieher, J. W.: Endocrine Treatment in General Practice, New York, Springer Publishing Company, Inc., 1953, chap. 2, p. 25. • 4. Benjamin, H.: J. Insur. Med. 6:12 (Dec.-Jan.-Feb.) 1950-1951. • 5. Kountz, W. B.: Ann. Int. Med. 35:1055 (Nov.) 1951. • 6. Stieglitz, E. J.: J.A.M.A. 142:1070 (Apr. 8) 1950. • 7. Machella, T. E.: Pennsylvania M. J. 58:587 (June) 1955. • 8. Goldzieher, M. A., and Goldzieher, J. W., op. cit., p. 30.

AYERST LABORATORIES

New York, N. Y. . Montreal, Canada S

14335

SHOULD THE PATIENT 'PROFIT'?

lish those same conditions nationally. Just the same, it could be done.

"First, the public in any area must be given some idea of the local median for surgical charges. Patients would then know how much coverage they really needed. So they wouldn't tend to take out too much insurance.

"To accomplish such a result, local medical societies should adopt relative-value schedules, like the one that's been worked out in California.* Once various medical-surgical procedures were

^oFor a full discussion of such schedules, see "Value Scale Spurs Insurance Pay," MEDICAL ECONOMICS, July, 1956.

evaluated on a point system, insurance companies could adopt the schedules as their standards

"Then, too, insurance regulations would have to be changed in some places, so as to permit assignment of benefits to the doctor.

"The success of any plan like Rhode Island's depends, of course, on the doctor's integrity. The availability of insurance money must not lead him to overcharge. But if the basic principles of the Rhode Island plan could be established nationally, it would materially aid the cause of voluntary health insurance."

Opposed to Rhode Island's Rx

One of the most frequently voiced objections to the Rhode Island idea is simply this: Whether or not the patient profits from his multiple coverage is none of the doctor's business.

Here, for instance, is what Dr. Herbert L. Hartley of heavily industrialized Seattle has to say about it:

"When a patient comes to me, I give him the best medical care of which I'm capable. For this he should pay me a reasonable fee. That's all there is to it.

"I have nothing to do with his insurance coverage. If he has ten policies, it's none of my business. I'm neither his business guide nor the arbiter of his morals.

"If there's a problem in multiple coverage, it's up to the insurance companies to control things. Doctors should quit trying to tinker with the insurance companies' business." [MORE]

patient's Exquise easy-to-i

Lantsen jo and glyceri Company, Canada.) P

universa

m, inadopt dards egulaanged ermit e doc-

n like is, of grity. rance overciples could vould olun-

e fee.

h his s ten ness. e nor

nultinsurings. g to

com-REP



LANTEEN° EXQUISET

for natural acceptance of your prescribed contraceptive regimen • fulfills your patient's natural wish that her possessions reflect her femininity. Each Lanteen Exquiset contains: 3 oz. tube of Lanteen spermicidal jelly, soothing, cleanly scented; easy-to-insert, molded, flat spring diaphragm; newly designed Easy-Clean applicator; universal inserter - all fitted into a stylish, soft plastic purse.

Lanteen jelly contains ricinoleic acid 0.50%, hexylresorcinol 0.10%, chlorothymol 0.0077%, sodium benzoate and glycerin in a tragacanth base. Lanteen jelly and flat-spring diaphragm sets are distributed by George A. Breon & Company, 1450 Broadway, New York 18, N.Y. (In Canada: E. & A. Martin Research Ltd., 20 Ripley Ave., Toronto, Canada.) Manufactured by Esta Medical Laboratories, Inc., Chicago 38, III. #TRADEMARK OF GEORGE A. BREON & COMPANY

MEDICAL ECONOMICS · MARCH 1957 279

SHOULD THE PATIENT 'PROFIT'?

A number of experienced medical and insurance men insist that patients are perfectly justified in having—and in making the most of—more than one health policy. Added coverage, they maintain, helps to defray all the costs of illness.

'Only a Psychopath ...'

"Usually any dollar gain the patient gets is more than offset by hospital charges or loss of income," says Dr. Royal A. Schaaf, a former president of the Medical Society of New Jersey. "Only a psychopath would undergo sur-

gery to make money...It should make no difference to the practitioner whether his patient pays the bill out of money in the bank or out of extra insurance he's had the foresight to provide himself with."

Whenever doctors do concern themselves with such matters, they're likely to muddy up medicine's public relations, according to those who disagree with the Rhode Island approach. To quote Dr. Schaaf again: "To make a major issue of multiple coverage would place the medical profession in a sadly mercenary light. It

POWER FOR PEAK THERAPEUTIC PERFORMANCE EXPASMUS

Potentiated Mephenesin*

For relief of low back pain and other arthritic pain, for release of tension accompanying pain.

- · Relieves pain
- · Soothes tension
- Relaxes muscle spasm Rach EXPASMUS tablet containe: Dibenzyl succinate 135 mg., nephenosin 250 mg., salicylamide 100 mg.

*Mephenesin physiologically potensified with a smooth muscle relaxant and analgesic . . dibenzyl succinate

Dosage: 2 to 3 tablets 3 times daily 12 tablets daily.

Supplied: Bottles of 100's tablets

Request reprints and samples.

Martin H. Smith Co. 131 East 23rd St., New York 10, New York

Manufacturers of ethical products for over half a century

2RO MEDICAL ECONOMICS · MARCH 1957





Squibb Quality-the Priceless Ingredient

MOSTEC'S IS A SQUISS TRADEHARK

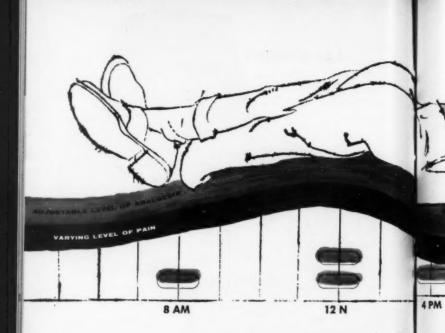
SQUIBB

MEDICAL ECONOMICS · MARCH 1957 281

cinate s daily to blets

rk

ke a rage



keep all patients* pain-free at all time

- with the proper potency to match pain intensi
- · with dosage flexibility to match pain variation

Phenaphen Codeing

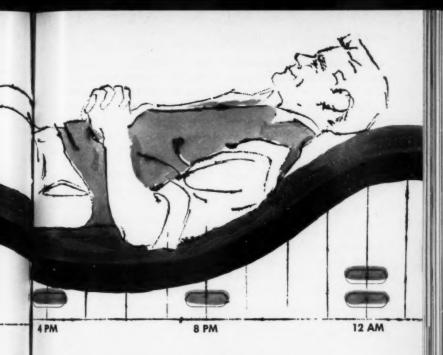
except those for whom recourse to morphine is inescase

Robins

A. H. ROBINS CO., INC., RICHMOND 20, VIRGII Ethical Phermaceuticals of Merit since 1878 Ph

rar

Yo



Phenaphen and Phenaphen with Codeine provide a wide range of analgesia, plus complete dosage flexibility, to match varying pain requirements.

Yours to prescribe:

The right dose of the right potency at the right time.

henaphen

intensi

variation

lasic non-narcotic formula

ir mild to moderate pain

 Sch capsule contains:
 162.0 mg.

 Statylsalicylic acid (2½ gr.)
 162.0 mg.

 Pleascatin (3 gr.)
 194.0 mg.

 Pemobarbital (¼ gr.)
 16.2 mg.

 Hysocyamine sulfate
 0.031 mg.

, virgin Phenaphen No. 2

hensphen with Codeine Phosphate 1/4 gr. (16.2 mg.)

ir moderate to severo pain

Phenaphen No. 3

Phenaphen with Codeine Phosphate $\frac{1}{2}$ gr. (32.4 mg.) For severe or stubborn pain

Phenaphen No. 4

Phenaphen with Codeine Phosphate 1 gr. (64.8 mg.) For stubborn or intense pain—to obviate or postpone use of morphine or addicting synthetic narcotics

DOSAGE: One or two capsules as required.

SHOULD THE PATIENT 'PROFIT'?

would provide ammunition for the advocates of socialized medicine."

Should nothing, then, be done about the question? What about the time-consuming chore of filling out several long, detailed forms for multiple-coverage patients—a prime irritant to many doctors?

Extra Work, Extra Fee

"Well, to solve this problem, you don't need to go so far as Rhode Island has," says Dr. E. G. Chuinard, past president of the Oregon State Medical Soci-

ety. "In our area we've reached a simple agreement with the insurance industry and the unions: The physician must complete all insurance forms; but he's permitted to charge extra for completing more than one set of these forms."

Finally, there appears to be widespread doubt that the Rhode Island system of prorating the doctor's usual fee among several health insurance policies would be legal in many states. There's also doubt about the idea of crediting "extra" benefits to the patient's account.

don't just hide housewife's eczema! heal it with...

POLYSORB HYDRATE

the rational therapy for hand eczemas

Neither a barrier cream nor an oil, POLYSORB HYDRATE works naturally to protect and heal inflamed hands. By emulating skin's own water-in-oil emulsion, it protects hands from detergents and other irritants. At the same time, POLYSORB HYDRATE permits a dynamic interchange of fluid that prevents maceration or excessive dryness and aids rapid and complete healing of inflamed dry skin eczemas.

Available in \$0-gram tubes, POLYSORB HYDRATE is a waterhydrated, specially processed, balanced emulsion of sorbitan resculplace and wax petrolatum.

FOUGERA & COMPANY, INC.

New York 13, N. Y.

3841

The subway is taking him home today. But, sometime soon, the depression and anxiety you can see may lead him to irresponsible behavior, impaired mental and emotional health, or even to physical illness.

If he comes to your office, you'll find that Dexamyl* can help you to relieve his depressed sense of "being unable to do anything right." 'Dexamyl' is smooth and subtle in action, helps to restore a sense of well-being. In three dosage forms: tablets, elixir, Spansule†capsules.

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. for sustained release capsules, S.K.F.

where is this man



MEDICAL ECONOMICS · MARCH 1957 285

hed

in-

ons:

mit-

olet-

nese

be ode

the

eral

ould re's

of the

4

do you know the antidote for

PETER PUTTER GREASIPO

You have cat I com the A most Phy diet

the N fifte DO as p

whe

PHY DES publi Med Orac You would if you knew that it contains chlorinated hydrocarbons that call for gastric lavage, saline cathartics, and sedation.

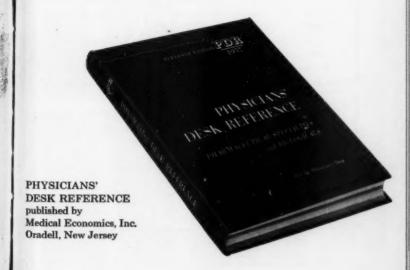
But how are you to know the toxic ingredients of a commercial product if its label doesn't list them, or if the label has been destroyed?

Accidental poisoning by household products is <u>the</u> most common medical emergency among children. Physicians have long needed a list of the toxic ingredients of such products, and an authoritative guide to their antidotes.

Now PDR supplies it. In the 1957 edition you'll find fifteen pages devoted to a POISONS AND ANTI-DOTES Section, prepared by Morton J. Rodman, Ph.D., as part of the General Professional Information Section.

The information you need...when you need it... where you need it... that's what PDR supplies.

SPOT REMOVER?



SHOULD THE PATIENT 'PROFIT'?

"I should think that in most places a doctor's attempt to place excessive benefits in any kind of escrow fund would put him in a very questionable legal position," comments Dr. William H. Scoins,

Why One Health Plan Will Pay Two Fees for One Service

It's not the *patient* but the *doctor* who can now profit from multiple coverage in one area: Participating physicians in New York City's Group Health Insurance, Inc. (G.H.I.) have been assured they can collect two or more fees for the same service when a patient has two or more G.H.I. policies.

G.H.I. is one of the nation's oldest nonprofit health insurance plans. It makes payments directly to the physician. In a recent letter to the Kings County (N.Y.) Medical Society Bulletin, Dr. Arthur A. Fischl, G.H.I. medical director, explained the new ruling as follows:

"If the insurance company made only one payment when it had been receiving two premiums, it would obviously be profiting; and nobody... would approve of this.

"If double payment were made, with one-half going to the subscriber and only one-half going to the doctor, this would be contrary to the basic function of nonprofit insurance, which is to reimburse subscribers for their medical expenses. This leaves the third possibility—paying the double amount to the physician—which seems to us eminently fair."

Comments the New York Times: "Double payments by G.H.I. to doctors would be an advantage to G.H.I. in the competitive health insurance field. Doctors might be tempted to support this insurance plan heartily and to deprecate other plans (commercial or nonprofit) ..."

n in a tion," coins,



relieving your patient's studies showed negligible sensitization and no toxicity was observed.

abbott





MEDICAL ECONOMICS - MARCH 1957

SHOULD THE PATIENT 'PROFIT'?

chief medical director of the Lincoln National Life Insurance Company.

The best way to attack the problem of multiple coverage is not by curtailing the benefits of those who have it, add other commentators. The thing to do, they feel, is to improve the health plans themselves so there'll be no need for multiple coverage.

The One Answer

Says N. D. Holland, executive director of Oklahoma's Blue plans: "There's only one answer: The *plans* must insist on single

coverage. This, of course, means that each plan must offer adequate benefits. Submarginal programs will not be tolerated by the public."

Evidently, then, there's no universally acceptable solution to the problem as yet. There isn't even whole-hearted agreement that multiple coverage is something doctors ought to worry about.

But that may be because not enough doctors have expressed themselves on the subject. This article is designed to prepare you to do just that.

More Complete Iron Utilization in the Iron Deficiency of Menstrual Anemia

THE BIBLIOGRAPHY SPECIFIES

RONCOVITE®

Lloyd Brothers, Inc. . cincinnati 3, ohio



STERANE won't straighten his hook, cure his slice or put him on the green in three ... but STERANE may reduce your rheumatoid arthritic's handicap of joint pain, swelling and immobility. The most potent anti-rheumatic steroid, STERANE (prednisolone) is supplied as white, scored 5 mg. tablets (bottles of 20 and 100) and pink, scored 1 mg. tablets (bottles of 100).

Pfizer PPIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York

MEDICAL ECONOMICS · MARCH 1957 291

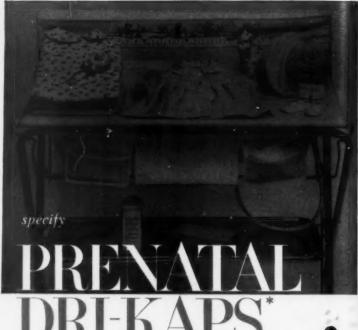
eans adeprothe!

uni-1 to isn't nent meorry

not sed This you END

he

nia





to meet additional dietary requirements throughout pregnancy and lactation

Patients prefer PRENATAL DRI-KAPS because they are dry-filled, easy-to-swallow and leave no aftertaste.

Physicians prescribe PRENATAL DRI-KAPS because they can be certain of: Comprehensive Multivitamin-Multimineral Supplementation • Specific Antianemia Factors . More Rapid and Complete Absorption . Convenient Dosage (1 to 3 Capsules Daily)

Each capsule contains:

Vitamin D 400 U.S.P. Units
Thiamine Mononitrate (B ₁) 2 mg.
Riboflavin (B2) 2 mg.
Niacinamide 7 mg.
Vitamin B ₁₂ 1 mcgm.
Vitamin K (Menadione) 0.5 mg.
Ascorbic Acid (C)35 mg.
Folic Acid 1 mg.
Calcium (in CaHPO ₄)250 mg.
Phosphorus (in CaHPO ₄) 190 mg.
Disalaine Dhambata

Vitamin A 2000 U.S.P. Units

Anhydrous (CaHPO₄)869 mg. Ferrous Sulfate Exsiccated 20 mg. Manganese (in MnSO₄) 0.12 mg.



LEDERLE LABORATORIES DIVISION AMERICAN CYANAMID COMPANY PEARL RIVER, NEW YORK

ATRADEMARK-DRY-FILLED CAPSULES

Medical Meetings in Europe

Planning to visit Europe this summer? You could spend your entire vacation just traveling from one medical meeting to another. During the month of July, for example, there's some sort of major international medical conference scheduled somewhere on the continent for twenty-eight out of the thirty-one days.

Even assuming you're traveling to get away from it all, you probably won't want to overlook Europe's medical offerings entirely. So here's a list of some of next summer's more important meetings, as compiled with the help of the World Medical Association:

When	Where	What
May 7	Geneva	World Health Assembly of the World Health Organization
May 25-26	Lisbon	Congress of the International Association for Study of the Bronchi
June 1-9	Turin	International Congress on Public Health
June 1-9	Turin	International Congress on Medi- cal and Scientific Film
June 3-7	Lisbon	International Hospital Congress
June 4-9	London	International Symposium on Cir- culation of the Blood
June 5-7	Utrecht	International Congress of Thera- peutics
June 27-29	London	International Orthopedic Congress
		ſmore▶

MEDICAL ECONOMICS · MARCH 1957 29.

Units
Units
I mg.

When	Where	What
July 1-6	Helsinki	International Congress on Occu- pational Health
July 9-12	Paris	Conference of the International Society of Geographical Pa- thology
July 14-19	Merano	International Congress of Geron- tology
July 15-20	Brussels	International Congress of Clini- cal Pathology
July 20-21	Venice	International Symposium on Se- nile Nervous Diseases
July 21-28	Brussels	International Congress of Neuro- logical Sciences
July 26- Aug. 1	Paris	International Congress of Nutri- tion
July 28- Aug. 1	Paris	International Congress of Psy- choanalysis
July 31- Aug. 6	Stockholm	International Congress of Derma- tology
Aug. 26-31	Copenhagen	International Congress of the European Society of Hematol- ogy
Sept. 1-7	Zurich	World Congress of Psychiatry
Sept. 16-21	Barcelona	Congress of the International So- ciety of Orthopedic Surgery and Traumatology
Sept. 27-29	Cannes	International Conference on the Influence of Living and Work- ing Conditions on Health
Sept. 29- Oct. 5	Belgrade	International Congress of Mili- tary Medicine and Pharmacy
Sept. 28- Oct. 5	Istanbul	General Assembly, World Medi- cal Association
		END



Is Reuther Bluffing Medicine?

[CONTINUED FROM 133]

medical society, "Reuther will first have to promote a different pattern of practice."

Presuming he can establish enough group practice units to get the plan going, there's also the question of whether he can provide adequate general practitioner services by this means.

Says Dr. Walls, himself a G.P.: "The general practitioner plays a very important part in the practice of medicine in Michigan—much more important than in New York or California. If G.P.s are overlooked in this plan, then there will be trouble."

Finally, there's the question of hospital beds. If local doctors sign up with Reuther's plan, will they be able to use the hospital facilities they're now using? Or will they suffer some loss of staff privileges? Obviously, any trend in the latter direction might seriously limit the plan.

These three stumbling blocks seem so formidable to some doctors that they wonder whether Reuther really means to go through with his program. Arch Walls is one of these doctors. He thinks Reuther may be promoting this plan simply "to stimulate more comprehensive coverage from Blue Shield."

Even Dr. George Baehr, who doesn't think Reuther is bluffing, feels he'd "drop the entire program if Michigan Blue Cross-Blue Shield would... provide comprehensive service benefits analagous to those enjoyed by the residents of Windsor, Ontario, and if the medical societies would set up the same control measures [as] in Windsor."

What do other informed sources think? MEDICAL ECONOMICS has queried a number of them; and most seem convinced that Reuther will go ahead with his program regardless of what the Blue plans do. What's more, a number of them regard this as a thoroughly good thing.

"The chief significance of the Community Health Association," says Kaiser's Dr. Clifford Keene, "rests in the idea... reiterated by Mr. Reuther that 'every individual should have free choice as to the arrangement under which he wishes to receive medical care.' This has a much broader implication than free choice of physician."

21

invitation to asthma?

not necessarily . . .

Tedral, taken at the first sign of attack, often forestalls severe symptoms.

relief in minutes... Tedral brings symptomatic relief in a matter of minutes. Breathing becomes easier as Tedral relaxes smooth muscle, reduces tissue edema, provides mild sedation. for 4 full hours... Tedral maintains more normal respiration for a sustained period—not just a momentary pause in the attack.

Tedral provides:

Theophylline.										0		0	2	gr.
Ephedrine HCl	١.												3/8	gr.
Phenobarbital													1/8	gr.
in haves of 24		1	2/	2		ı	3	10	3/	1	1	2	ah	lets

Tedral°

WARNER-CHILCOTT

ors. He comotmulate verage

c, who uffing, a procrossrovide enefits ed by Oncieties ontrol

ECOper of inced

with what nore,

sasa

f the

on,"

ated

indi-

ce as

hich

dical ader

e of

ANNOUNCING

CATHO

in clinically important infections than any other antibiotic

2QR MEDICAL ECONOMICS · MARCH 1957

vagi

FOR MOST INFECTIONS

CILLINGER

(NOVOBIOCIN-PENICILLIN G. MERCK)

THE ANTIBIOTIC PRODUCT MOST LIKELY TO BE EFFECTIVE

COMPARE THESE ADVANTAGES:

1. Proved effectiveness in the largest number of clinically important infections including those caused by antibiotic-resistant staphylococci and proteus.

2. Therapeutic, bactericidal blood levels are promptly achieved.

3. Exceptionally well tolerated; patient sensitivity reactions are rare at recommended dosage.

4. No yeast or fungal super-infections nor any antibiotic-induced enteritis, vaginitis or proctitis have been reported following CATHOCILLIN.

5. No problems of cross-resistance have been encountered with CATHO-CILLIN.

6. The normal intestinal flora is not disturbed by CATHOCILLIN.

DOSAGE: for adults—two capsules q.i.d.; for children under 100 lbs.—dosage in proportion to weight (e.g. one capsule q.i.d. for a child weighing 50 lbs.).

CONSIDER CATHOCILLIN FIRST

-for these clinically important infections: tonsillitis; pharyngitis; pneumonia; otitis media; cervical lymphadenitis; streptococcal sore throat; infected tooth sockets; Vincent's infection; acne and superficial skin infections; impetigo; boils, furuncles and carbuncles; lung abscess; bronchitis; mastitis; osteomyelitis; wound infections; postoperative wound infections and infected lacerations; staphylococcal enteritis, staphylococcal diarrhea of the newborn; peritonitis (caused by susceptible organisms); pelvic inflammatory disease; gonorrhea; gonococcal arthritis; urethritis; scarlet fever; erysipelas.

SUPPLIED: Blue and white capsules of 'Cathocillin'—each containing 125 mg. of 'Cathomycin' (as Sodium Novobicin, Merch) and 75 mg. (125,000 units) Potassium Penicillin G; bottles of 16.

In one prescription the one antibiotic product most likely to be effective



MERCK SHARP & DOHME DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA

MEDICAL ECONOMICS MARCH 1957 299

IS REUTHER BLUFFING MEDICINE?

Dr. Chester Keefer, formerly the top medical man in the Eisenhower Administration, adds: "The best way to make broader tax-supported medical care programs unnecessary is to build on our voluntary prepaid health insurance plans by covering more people, by increasing benefits, and by increasing the free choice of plans throughout the country. The proposed C.H.A. plan is a forward step..."

Not all the favorable comment comes from out-of-towners. "I went to the C.H.A. meeting as an independent practicing physician representing no organization," says Dr. Harry Saltzstein of Detroit. "One could not help but be impressed . . . Every serious student of medical economics was there. I think we in the independent practice of medicine must listen to them."

Dr. Mark E. Maun, director of Detroit's Metropolitan Hospital, says: "The program proposed by C.H.A. would appear to be the soundest ever offered to the American public . . . Industry, labor, and plain citizens are striving to set aside more of their dollars for the purchase of medi-





PHARMACIST AT WORK

A major outpost of medicine today is the counter of the drug store. And the man standing vigil behind that counter wears the white jacket of the retail pharmacist.

For, if the plant of the pharmaceutical manufacturer is the arsenal, if clinics and hospitals are the proving grounds, if the physician is the strategist and tactician, it is the pharmacist who has the widest and most immediate opportunity to spread the news.

The National Pharmaceutical Council estimates that on an average, more than 400 people visit each of the 52,000 drug stores every day – a total of 21,000,000 with whom the pharmacist has personal contact on behalf of the medical team.

More and more, the public service role of the pharmacist depends not so much upon what he does as upon what he knows.

tion,"
of De-

out be s stu-

was bend-

must

or of pital, ed by the the y, la-triv-

their edi-



Of the millions who visit American drug stores each year, a vast number are seeking information and help. Their questions attest the respect in which the pharmacist is held—a respect confirmed by Health Information Foundation in one of its attitude surveys. Among professional men, the pharmacist ranks high in general esteem.

And if his customers ask questions, the pharmacist must know the answers. How? By assimilating and remembering facts about new drugs and medicinals which reach the market at the rate of 400 and more each year. By filling prescriptions. By stocking and supplying the many proprietary items that you recommend. By reassuring the suffering patient or worried mother. And by directing those who need medical care to the physician.

. . .

Before the age of the modern drugs, the physician prescribed, and the pharmacist compounded, a potpourri of pellets in a single pill in the hope that one of them might come close to the target. Today powerful drugs head straight for the bull's-eye of a specific disease — and such is their potency that the pharmacist, as well as the physician, needs to know all the facts about dosages, reactions, side reactions and effects.

The retail pharmacist does more than merely dispense and deliver. He gives warnings and information when it's appropriate. If the preparation is one that deteriorates with exposure to sunlight, he says so. If there is a warning on the label, he points it out. If the patient is concerned about possible effects, he reassures him with a word or two about the extent and nature of clinical tests.

In the operation of the health team today, the pharmacist makes up with his "counter-side manner" for the limited hours in your crowded day that you can devote to the old-fashioned "bedside manner". Sympathetic interest and concern and a willingness to answer ethical questions and explain are the unpriced but priceless dividends which the pharmacist bestows on the purchaser of your prescriptions.

. . .

True, the druggist increasingly dispenses healing agents which come to his prescription department already prepared and packaged, in dosages precisely measured, in forms clinically tested to yield the best results, and in sterile containers. Yet the pharmacist still needs and uses his same old skills. One druggist estimates that 25 per cent of his prescription orders require mixing and compounding in the back of the shop. And he must duplicate there the same conditions of precision and purity which the manufacturer achieves on mammoth scale in the great pharmaceutical plants.

And the filling of prescriptions is more widely distributed than ever among the pharmacies themselves. Fifteen years ago – a convenient starting point for the era of the "new drugs" – one fifth of the pharmacies filled three-fourths of the prescriptions. Today, nearly three-fourths of the pharmacies fill two-thirds of the prescriptions. An estimated 1,100,000 prescriptions every day.

. . .

The druggist is a man with a complex job - many things to many men: administrative routine of a merchant; human sympathies of a father confessor; erudition of a scientist; civic leader in the town. He may well have to keep his eye on a couple of clerks engaged in other activities of the average drug store — plus facing a far more sophisticated curiosity on the part of customers who are apt to be full of questions about "those wonder drugs they read about in the magazine section of last Sunday's paper."

In 1960, the five-year course, already an accomplishment in nearly one out of five pharmacy schools, becomes effective in the remainder, a recognition of the pharmacist's emerging role as consultant rather than compounder—as a man who may not do as much manual mixing as of old, but who must have mental mastery of the aims of drugs and what they will and will not do.

It takes more intellectual skill to inform and explain than it does to count and pour.

Many prescriptions will continue to be difficult to read—but much of the mystery about them will disappear, as the pharmacist takes the customer into his confidence, throwing the light of explanation on those questions you prefer him to answer when your patient takes him your prescription to fill.

On behalf of the whole health team, the pharmacist is a guardian of the public safety, scrupulously filling your prescriptions exactly as specified, serving our fellow Americans as friendly ambassador for us all.



THE HEALTH NEWS INSTITUTE

60 East 42nd Street, New York 17, N.Y.

The space for this message contributed by Medical Economics, Inc.

cal c C.H.A medic

The cine other of the cine other of the cine ical Sethink the the physis their service This [amostaffs

De igan that the verse They of me area. medi not in group

hope to o Blue a che fered in C per o tion

velo

O

IS REUTHER BLUFFING?

cal care... The stimulus of C.H.A. will benefit American medicine."

The effect on American medicine is disputed vigorously by other physicians. According to Dr. Edwin H. Fenton, past president of the Wayne County Medical Society, most Detroit doctors think the program carries with it the threat of union control over the medical profession. Many physicians, he adds, "would lose their patients to colleagues who service subscribers to the plan. This would create bitterness [among] members of hospital staffs."

Despite such fears, most Michigan doctors don't seem worried that the plan will affect them adversely in the immediate future. They're well aware of the paucity of medical groups in the Detroit area. They're also aware that medical hostility to the plan will not make it easy to form such groups.

One medical spokesman finds hope in Reuther's determination to offer a choice between the Blue plans and the C.H.A. When a choice of health plans was offered to General Motors workers in California, he says, "only 13 per cent took the Kaiser Foundation plan." If the same trend develops in Michigan, private prac-



So simple

you can do your sterilizing blindfolded

When you merely set one dial, your sterilizing is so simple you can do it blindfolded. Sterilizing with a SpeedClave is that easy!

No other office autoclave offers you automatic heating, timing, and venting. Three features that free your nurse for other duties. To sterilize, she merely loads the SpeedClave, sets it . . . then forgets it.

Simple? Nothing could be simpler—or safer. Autoclaving is the safe way to sterilize. And Speed-Claving is the simplest and quickest.

	ILMOT CASTLE CO. 25A E. Henrietta Rd., Roci	nester, N.Y.
	end me descriptive bulle hich tells all about the Spe	
Na	ame	
Ad	idress	
4	Castle STER	TS AND
•	AST O CYED	HITEDS

tice should not be affected greatly, he says.

There's still another reason why Michigan doctors aren't living in dread of Reuther's plan: They themselves believe the Blue plans should offer more comprehensive benefits than they now offer.

Last fall—even before the C.H.A. was founded—their state society set up a special committee to "explore the possibility of a comprehensive prepaid deductible and/or co-insurance contract." The committee is also thinking about extending the list of services covered by the present contract. According to current thinking, such coverage might well include diagnostic procedures and perhaps even other

services rendered in doctors' offices.

How, then, can the Reuther move in Michigan be summed up? The evidence to date leads to these three conclusions:

- 1. Reuther's plan is probably not a bluff.
- But whether it can hurdle the organizational problems and medical hostility that confront it is a question.
- 3. Meanwhile, it's causing a good deal of medical soul-searching about the direction health insurance should take. Dr. Luther Leader, current head of the Wayne County society, speaks for many of his colleagues in describing it as "a good stirring up to stimulate us to see what further we can do."

What! No Coverage?

Following his wife's routine confinement, a young husband brought me the necessary Blue Cross hospitalization forms to execute. Three months later, he was back in my office. Once again he wanted my obstetrical services. Once again he expected Blue Cross to pay the hospital bills.

He seemed quite resentful when I assured him that Blue Cross would do no such thing. He felt it was very unfair—even though this second child, due in just a few weeks, was not his wife's but his girl friend's.

—S. A. LEVITAN, M.D.

Todatains a in soa germic than woophened disulfid

Indehave slave slave staphy proves ly effe of other ly unaufor a

on the

the co

LEV DEI NEI Ple

the

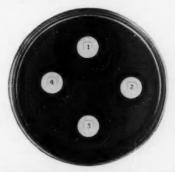
STR

New Weapon Against <u>Staphylococci</u>

New soap germicide proved more effective than hexachlorophene against staphylococci, other skin pathogens.

♦ Today's Lifebuoy soap contains an important new advance in soap germicides. This soap germicide, even more effective than widely-publicized hexachlorophene, is tetra-methyl-thiuram-disulfide—usually abbreviated to TMTD.

Independent laboratory tests have shown that 1% TMTD-Lifebuoy is considerably more effective than 2% hexachlorophene soap in reducing resident skin bacteria, comprised principally of staphylococci. Further testing proves TMTD-Lifebuoy extremely effective against a wide range of other skin pathogens, relatively unaffected by hexachlorophene. For a full report without cost on the medical significance of TMTD-Lifebuoy, simply mail in the coupon below.



Staphylococci. A comparison of 3 germicidal soaps and a control soap in inhibiting growth of Micrococcus pyogenes var. aureus on a nutrient agar plate. 1. 1% TMTD-Lifebuoy—large marked zone of inhibition. 2. 2% hexachlorophene soap—little inhibitory effect. 3. 2% Bithionol soap—little inhibitory effect. 4. Control soap—no inhibitory effect.

	PARK AVE. N. Y. without cost your report to	Lifebuoy
the medical prof	ession on TMTD-Lifebuoy.	
	ession on TMTD-Lifebuoy.	
	(Please write plainly or use printed lab	el)
the medical prof		el)
NAME		ol) STATE

of-

ther med

eads

ably

rdle

and

nt it

g a

rch-

in-

her

the

aks

de-

up ur-

ND

TAMPAX eliminates these common menstrual discomforts

• BANISHES OFFENSIVE ODOR ...
• PERINEAL IRRITATION ...
• UNSIGHTLY, REVEALING BULGES



As evidenced by long clinical experience, Tampax, the intravaginal guard of choice, relieves much of the embarrassment once accepted as inevitable during the menses... Tampax affords gratifying protection, freedom from chafing often associated with external pads and guards against odor... Three absorbencies... Tampax Super, Regular or Junior... meet varying requirements.

Professional Samples on Request

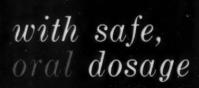
TAMPAX INCORPORATED PALMER, MASSACHUSETTS

308 MEDICAL ECONOMICS · MARCH 1957

...IN COLDS...SINUSITIS...RHINITIS



lock" the closed-up nose...

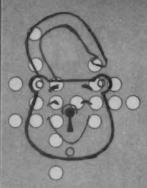


N vahistine

(PITMAN-MOORE)

ES

th



The distinctly
additive action of a
vasoconstrictor with an
antihistaminic drug
provides marked nasal
decongestion, checks secretions
...combats allergic reactions.
Oral dosage avoids patient
misuse of nose drops, sprays and
inhalants...eliminates rebound
congestion. Novahistine will not
cause jitters or insomnia.

safe, oral dosage with

Novahistine

CLEARS CLOGGED AIR PASSAGES
CHECKS IRRITANT SECRETIONS

Each Novahistine Tablet or teaspoonful of Elixir, provides 5.0 mg. of phenylephrine HCl and 12.5 mg. prophenpyridamine maleate.

Novahistine Fortis Capsules contain twice the amount of phenylephrine for those who need greater decongestion.

OTHER DOSAGE FORMS

- · Novahistine with APC
- Novahistine with Penicillin
- . Novahistine-DH

Pitman-Moore Company

Division of Allied Laboratories, Inc., Indianapolis 6, Indiana



How to Cut Taxes On Investment Income

If you'll be reporting dividends, interest, or capital gains next month, you'll want to save all that the law allows. Here are some tips

By Joseph F. McElligott

Most corporations enjoyed a boom year in 1956. So many a physician making out Form 1040 next month will find that a bigger-than-usual share of his income came from invested savings.

In determining your taxes on income received from dividends, interest, or capital gains, you naturally want to take full advantage of all the concessions the law allows. To begin with, consider how you can whittle down your taxable income from dividends:

Your Dividend Income

There are two ways to save taxes on dividend income. The first way is called a *dividend exclusion*.

This permits you to exclude from taxable income the first \$50 in dividends received during the year. If your

THE AUTHOR is a tax and medical management consultant in New York City.

wife owns stocks in her own name, she can avail herself of the same privilege. So if she doesn't hold any dividend-paying securities, it's often a good idea to put some of yours in her name. On a joint return, you can thus get an exclusion of up to \$100.

Beyond this exclusion, all dividends must be counted as taxable income. But there's another device for cutting taxes on them: the dividend credit. Here's how you figure its amount:

Deduct 4%

Take 4 per cent of the dividends included in your taxable income. Then subtract this amount directly from the total tax you compute. That's your second saving.

Certain limitations apply to the above rules. But before taking up the finer points, let's see how the rules work at their simplest:

Take the case of a medical man I'll call Murchison. He's a well-established specialist who, over the past ten years, has acquired some \$30,000 worth of blue-chip stocks. His wife (with whom he files a joint return) recently inherited another \$20,000 worth of equally good stock.

The Murchisons got \$2,450 in dividend income during 1956. Here's how they apply the two tax-saving ideas to this total:

They Save \$94

First, each of them invokes the \$50 exclusion. Their return therefore lists only \$2,350 as taxable income from last year's dividends.

Then they take 4 per cent of \$2,350 and reduce their total tax by that amount. This is a *direct* tax saving of \$94, added to the *indirect* saving that stems from the dividend exclusion.

Now, what about the finer points? The ones most likely to affect you are these:

Watch the Limits

¶ There's a limit on the dollar savings you can take as a dividend credit. For 1956, this limit is 4 per cent of taxable income. The Murchisons' taxable income last year was \$20,085. So no matter how much their dividends might have totaled, they couldn't have taken more than \$803.40 (4 per cent of \$20,085) as a dividend credit.

¶ There's a limit on the types of dividend that qualify. Dividends from foreign corporations for

H

a p

The p It is es tion. So of the confirm Prenat In seve fetal s

comple

tion as

0

Hespe patien Each co Hesperi Ascorbi Vitamin

Vitamit Thiami Ribofla Nicotin Vitamit In bot Recom

Recom Provid recom Referen Columb C. T.: 6. Bari

Am. J.

Production of Ori
Resear

protection

150 in 1956. e two 1:

es the turn

s taxdivi-

nt of

l tax

irect

the

rom

finer

y to

llar

liviimit

me.

me

no

nds

in't

.40

liv-

pes Vions

with capillary-protective factors

a precaution in normal pregnance a necessity in habitual abortion

The problem of spontaneous abortion is not limited to habitual aborters. It is estimated that 10% to 20% of all pregnancies end in spontaneous abortion. Studies by Greenblatt, 1.3 Javert^{4,5} and Dill² have revealed that integrity of the decidual vessels is a key to successful completion of pregnancy . . . and confirm that hesperidin complex and ascorbic acid, provided by Hesper-C Prenatal, restore and maintain capillary integrity.6,7

In several groups of habitual aborters, these researchers effected substantial fetal salvage—as high as 95% in one series4—when Hesper-C (hesperidin complex and ascorbic acid) was added to a regimen of prenatal supplementation and therapy.

Only Hesper-C Prenatal gives your patients the extra protection of hesperidin complex and ascorbic acid, plus established prenatal vitamin-mineral supplementation, at a nominal increase in daily cost.

Hesper-C Prenatal is the only complete supplement for all your pregnant patients.

Each capsule contains:	
Hesperidin Complex 100 mg.	Folic Acid 0.05 mg.
Ascorbic Acid 100 mg.	Pyridoxine Hydrochloride 1.67 mg.
Vitamin A Acetate 1000 U.S.P. units	Calcium Pantothenate 1.0 mg.
Vitamin D ₂ 200 U.S.P. units	Ferrous Gluconate (2.5 mg. iron) 21.6 mg.
Thiamine Mononitrate 1.25 mg.	Calcium Carbonate (83.3 mg.
Riboflavin 0.75 mg.	calcium)
Nicotinamide 5.0 mg.	Copper Sulfate (0.5 mg. copper) 2.0 mg.
Vitamin B ₁₂	Potassium Iodide (0.05 mg. iodine) 0.065 mg.

In bottles of 100 and 500 capsules.

Recommended daily dose: Two capsules t.i.d.

Providing the daily requirements or more of vitamins and iron during pregnancy as recommended by the National Research Council.

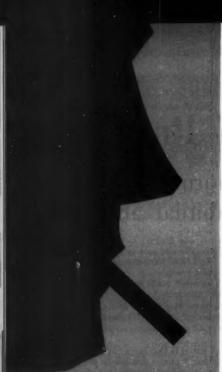
References: 1. Greenblatt, R. B.: Obst. & Gynec. 2:530, 1953. 2. Dill, L. V.: M. Ann. District of Columbia 23:667, 1954. 3. Greenblatt, R. B.: Ann. New York Acad. Sc. 61:713, 1955. 4. Javert, C. T.: Obst. & Gynec. 3:420, 1954. 5. Javert, C. T.: Ann. New York Acad. Sc. 61:700, 1955. 6. Barishaw, S. B.: Exp. Med. & Surg. 7:358, 1949. 7. Selsman, G. J. V., and Horoschak, S.: Am. J. Digest. Dis. 17:92, 1950.

Products of Original Research



HE NATIONAL DRUG COMPANY Philadelphia 44, Pa.

MEDICAL ECONOMICS · MARCH 1957 311



when he smokes too much...

relieve habit-induced gastric hyperacidity with

GELUSIL

refreshingly flavored, nonconstipating antacid

WARNER-CHILGOTT

CUT INVESTMENT TAXES

aren't eligible for the tax saving described here. Nor, in some cases, are dividends from domestic corporations that are liquidating. (Such dividends may represent a distribution of corporate assets, instead of just corporate profits. If that's the case, they should be treated as capital gains or losses.)

There's special treatment prescribed for mutual fund dividends. These too may include some capital gains, which have to be handled separately on your tax return. If you got such dividends during 1956, the investment company must notify you

DON'T FORGET



EASTER SEALS

National Society
for
Crippled Children and Adults
11 So. LaSalle Chicago 3

6

pri

ad

Metabo
VITERR
nutritio

ergizer satisfy Specifi VITERS capsul

or mix

6 34

vings

omesuidatepreorate

they gains

ment

divilude ve to

diviestyou first...treat the

primary disorder, of course



then...

add VITERRA as a matter of course

Metabolic stress hitchhikes along with every primary disorder. By simply adding VITERRA early in treatment, you combat stress by providing a comprehensive nutritional buildup program.

WITERRA is not just a vitamin, but a complete nutritional replenishment. Supplies both the 10 essential vitamins and 11 important minerals, the "metabolic energizers" which are a key to enzyme action. Together, vitamins and minerals satisfy tissue hunger and help speed recovery.

Specify the VITERRA form which best suits your—and your patient's needs. (1) VITERRA Capsules, for daily supplementation. In bottles of 30 and 100. (2) When capsules are a problem, VITERRA TASTITABS, which can be chewed, swallowed, or mixed in liquids. Ideal for children. In bottles of 100 and 250. (3) VITERRA THERAPEUTIC, when high potencies are indicated. In bottles of 30 and 100.

PEACE of mind ATARAX®



CHICAGO 11, ILLINOIS

MEDICAL ECONOMICS 'MARCH 1957

what portion counts as capital gains and what portion counts as pure dividends.

¶ There's a special test prescribed for dividends paid in stock or stock rights. If you were given a choice—cash or stock—then the dividend must be reported as income at its market value. But if you were not given a choice, then you probably don't have to count a stock dividend as income. (Special rules apply to corporate reorganizations.)

Some other so-called "dividends" don't count as income, either. These include the special dividends paid to veterans under National Service Life Insurance; the annual dividends credited to policy-holders by any mutual life insurance company; and distributions on shares issued before March 28, 1942, by Federal Re-

serve banks. Don't treat any such receipts as taxable income.

And don't treat as "dividends" those receipts that are more in the nature of interest. Mutual savings banks, building and loan associations, and savings and loan associations may call their payments "dividends"—but they're generally reportable as interest income.

Ready to report your true dividends? Turn to page 3 of your Federal tax return and itemize them on Schedule A. Work out your dividend exclusion and transfer the results to page 4 (Schedule J). Use the formula there to figure your dividend credit and enter that amount on page 1 (line 13a) of your return.

Sounds complicated, I know. But the twofold tax saving makes it well worth the small trouble.

Your Interest Income

Interest income is probably the easiest of all to list on your Federal tax return. There's just one place to report it—on Schedule B, page 3, of Form 1040. And there's no complicated arithmetic to be done.

But just because the process is so simple, don't rush into reporting all your interest income. Some of it may be tax-exempt.

This is true, for example, of any interest you got last year from the following major sources:

MUX

The Butis

small do: tension-s

Tak

pre

Takes the "spikes" out of blood pressure... calms anxiety states ...

Butiserpine°

The Butisol component acts at once to produce its well-known quieting "daytime sedation." And the small dosage of reserpine gradually builds up its tension-suppressing effect, without the disturbing side reactions of larger dosage.

Quiescence is prescribed when you use Butiserpine.

Each tablet or teaspoonful of elixir contains Butisol® Sodium 15 mg. (1/4 gr.) and Reserpine 0.1 mg.

Prestabs Butiserpine R-A (Repeat Action Tablets)

McNEIL

LABORATORIES, INC.
Philadelphia 32, Pa.

such

ends"
re in
utual
loan
and
their
-but
e as

divi-

your

nize out

and e 4

nula

on urn. ow.

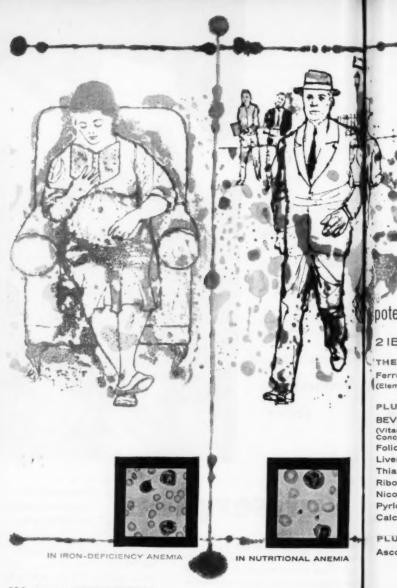
kes le.

s is

ne.

of

es:



316 MEDICAL ECONOMICS · MARCH 1957

(Vital Conc Folio Live Thia Ribo Nico Pyric Calc PLU Asco



2 IBEROL Filmtabs a day supply:

THE RIGHT AMOUNT OF IRON

Ferrous Sulfate, U.S.P......1.05 Gm.

PLUS THE COMPLETE B COMPLEX

BEVIDORAL®......1 U.S.P. Unit (Oral)

(Vitamin Biz with Intrinsic Factor

Concentrate, Abbott)

Concentrate, Abbott)	
Folic Acid2	mg
Liver Fraction 2, N.F200	mg
Thiamine Mononitrate6	mg
Riboflavin6	mg
Nicotinamide30	mg
Pyridoxine Hydrochloride3	mg
Calcium Pantothenate 6	ma

DI HE VITAMIN C

Ascorbic Acid150 mg	g.
---------------------	----

abbott





201000

MEDICAL ECONOMICS · MARCH 1957 3

CUT TAXES ON INVESTMENT INCOME

1. Bonds issued by a state, territory, possession, or political subdivision thereof. (Suppose you picked up some interest during 1956 on bonds backed by your school district, by the Port of New York Authority, and by the District of Columbia. None of this income need be reported on your Federal tax return.)

2. Bonds issued by the U.S. Treasury before March 1, 1941, up to \$5,000 principal amount.

(The income from such bonds is wholly tax-free within this limit.)

Some other types of interest are tax-exempt in part. Suppose, for example, you own *more* than \$5,000 worth of the U.S. Treasury bonds issued before March 1, 1941. Then the interest from the excess bonds, although reportable as income, is partially exempt from tax. (You can claim the partial exemption on page 2, line 8b, of your return. It will lower



". . . and so, Mr. Thermish, there comes a time in every man's life when a dish simply means a piece of apple pie."

For Rapid Detection of

CANCER

of the Stomach or Colon

The AYRE rotating Brush

... offers a reliable method for cytological diagnosis sufficiently simple and rapid for office examinations.

Routine examination of Stomach and Colon by the Rotating Brush Method increases the likelihood of early cancer determination, and in time for successful treatment.

The Brush technique provides a rich concentration of well-preserved cell specimens (for preparation on a slide by the Papanicolaou method) in a matter of minutes... as a rule without any preparation of the stomach beyond fasting, and with a minimum of discomfort to the patient.

We suggest that you call your supplier (or write us directly) for further information and clinical data on the exceptional performance of this instrument, which was conceived by J. Ernest Ayre, M.D., of the Cancer Institute of Miami, Florida, and which has been subjected by him and others to experimental trials in several hundred cases in recent years.

REF: Caneer 6:6, p. 1177, Nov. 1933: A New Rapid Method for Stomach Cancer Diagnosis and Am. Journal of Digestive Diseases, Feb. 1957: The Colon Brush, New Diagnostic Procedure for Cancer of the Lower Bowel.

The stomach brush ts illustrated above. The coion model, otherwise identical, is equipped with a ball tip to provide easier passage.

CLAY-ADAMS

NEW YORK : 10

nds is

mit.)

than reasich 1, in the

the line

wer

CUT TAXES ON INVESTMENT INCOME

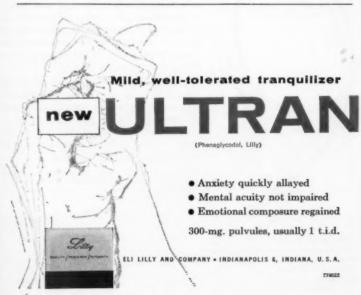
your total tax by an amount equal to 3 per cent of the interest received during the year from the excess bonds.)

Speaking broadly, all other interest income is fully taxable. This includes any interest you received last year on bank deposits, corporate bonds, matured insurance, deferred legacies, home mortgages, savings and loan shares, building and loan shares, and Federal obligations issued on or after March 1, 1941. All of it must be reported on your Federal tax return.

But how you report it makes a

difference. Here's the way to handle the trickiest types of taxable interest income:

Interest on U.S. savings bonds (Series E): These now earn interest ten years beyond maturity. If you've been reporting interest each year as it accumulates, you've got to keep on doing so (or get permission to change from the Commissioner of Internal Revenue). But if you haven't been reporting such interest each year, don't start now. Under present law, you can postpone taxes on any such bond for up to twenty years. [MORE]



sto

Tole Pre Sev one tab



I sne's blue a breakfast ...

BONADOXIN

(brand of Meclizine HCl and Pyridoxine HCl)

stops morning sickness

Controlled studies indicate that a NADOXIN relieves symptomsquio ly-in 9 of every 10 gravida. Tolerance is excellent.

Prescribe: One tablet at bedtime. Severe cases, one tablet at bedtime, one on an impair tiny pink and blue tablets, buttles of 25 and 100. B only.

if she needs
a nutritional buildup—<u>and</u>
freedom from leg cramps†

prescribe STORC

Phosphate-free calcium, iron, 10 essential vitamins, 8 important is herals.

Usually 3 tablets daily, with meals in bottles of 100.

twhen to a high phosphorous in ake.



CHICASU TUHDIS

t

"Doctor,
what can
you do
for Pop?"





Deeply involved in the problem of the hostile, agitated senile are all members of the family . . . and you, their physician.

In discussing the use of "Thorazine', Pollack' observes: "Older persons with such disorders can be treated at home by the general practitioner with much benefit and with great relief to the family."

With "Thorazine', senile patients become calm, agreeable and sociable. They begin to eat and sleep better, often gain weight and improve physically.

prompt control of the agitated, belligerent senile.

THORAZINE*

Ampuls for immediate effect,—carry them in your bag

Also available: Tablets, Syrup and Suppositories

Smith, Kline & French Laboratories, Philadelphia

1. Pollack, B.: Geriatrics 11:253 (June) 1956.

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

CUT TAXES ON INVESTMENT INCOME

Interest on coupon bonds: This works the other way. You can't postpone taxes on these bonds simply by failing to clip the coupons. The interest must be reported as income whenever the coupon becomes due and payable. It makes absolutely no difference how much later you actually cash it.

Interest on bonds with a taxfree covenant: Corporations issuing such bonds pay part of the income tax on the interest. If you hold any such bonds, find out from the corporation exactly how much tax they've paid. You can get credit for this amount on page 2, line 8b of your return.

Interest on bonds bought "flat" during default: If you've bought a bond on which the interest is in arrears, you probably paid a price that reflected it. So when the interest is finally paid, you don't report it as income; it's simply a return of capital. But you'd better bear this in mind: The interest that accrues after the purchase date becomes reportable income as soon as you receive it.

Interest on mortgages paid in advance: If you hold a mortgage



pital and home. Also 5,5 oz and

FAST RELI AMERICAINE AEROSOL

For Painful Post-lipisiotemies . . .

Post-Hemorrhoidestamies. Synecological Procedures

- Relieves pain in 2-3 minutes
- a Rollof lasts 4-6 hours
- · Bacteriostatic . . . Senitary
- · Quick, easy to emply
- · No sensitivity in over 11,800

NC SPRAY TOPICAL AMESTHETIC

ARNAR-STONE LABORATORIES, INC. Mount Prospect, Illinois

Mil

act

is

who

rem

or

who nig han

bar

for

50

50

Nol

2.4-

gentle

ge

ght ve

inoly So

id, t's

ut

d: he

rt-

e-

in

is the word

for Noludar

Mild, yet positive in action, Noludar 'Roche' is especially suited for the tense patient who needs to relax and remain clear-headed— or for the insomniac who wants a refreshing night's sleep without hangover. Not a barbiturate, not habit-forming. Tablets, 50 and 200 mg; elixir, 50 mg per teasp.

Noludar® brand of methyprylon (3,3-diethyl-5-methyl-2,4-piperidinedione)



ROCHE

Original Research in Medicine and Chemistry

MEDICAL ECONOMICS · MARCH 1957 325

-15

on a man's home, and if in 1956 he paid up for three years in advance, you have to report three years' worth of interest income on the tax return you file this spring. This *could* push you into a higher tax bracket. The obvious moral: It's often better not to accept such advance payments.

Interest on Federal tax refunds: Yes, even this interest is taxable when received. If Uncle Sam sends you back some of the money you sent him, he encloses 6 per cent interest (that is, unless he settles the matter within fortyfive days). This income is reportable on your next tax return.

Your Capital Gains

The Treasury Department puts out an official booklet, "Your Federal Income Tax," that tells you exactly how to report capital gains. The trouble is, this explanation fills many pages of fine print.

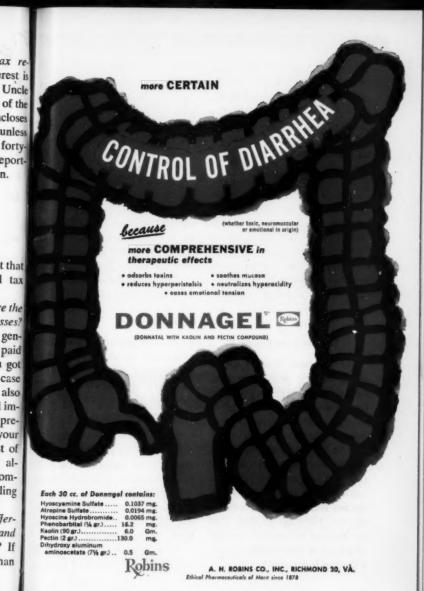
For most doctors, fortunately, the problem isn't that complicated. If you remember a few basic principles, you can breeze through this part of your tax return in much less time than you might expect. Begin by thinking in terms of such questions as:

, Do you have any capital gains or losses to report? If some of your surplus funds have been invested in stocks, bonds, land, or buildings—and if any of these assets were sold during 1956—then you're required to fill out

Schedule D, a separate sheet that accompanies your Federal tax return.

Do you know how to figure the amount of your gains or losses? With stocks or bonds, you generally compare the price you paid for them with the price you got when you sold them. In the case of real property, you must also take into account any capital improvements or allowable depreciation. (You start with your purchase price, add the cost of improvements, subtract the allowed depreciation, then compare the result with your selling price.)

Do you remember the difference between "short-term" and "long-term" gains or losses? If you owned an asset no more than



MEDICAL ECONOMICS · MARCH 1957 327

six months before selling it, the resulting profit or loss is considered short-term. If you held the asset more than six months, the gain or loss is long-term. This difference becomes important when you consider the next question:

Do you remember how capital gains are taxed? Long-term gains are taxed, in effect, at half the rates that apply to ordinary income, with a maximum rate of 25 per cent. But short-term gains don't qualify for this tax-saving privilege. They're taxed at the same rates as ordinary income, with a maximum rate of 91 per cent.

Deduct Your Losses

Do you know how to handle capital losses? It doesn't make too much difference whether these losses are short-term or long-term; they can be used to "offset" gains that would otherwise be taxable. And if your capital losses bulked larger than your capital gains last year, you can deduct as much as \$1,000 of the net loss from your ordinary income. (Beyond \$1,000, your net loss can be carried over and deducted on future returns, up to a limit of five years.)

Knowing these few principles, you can make sense out of Schedule D. But let's breathe a little life into it by considering some typical cases—naturally, with all proper names disguised.

First, Dr. Abernathy: Last February, the doctor bought 300 shares of Canadian Capsule. He'd heard from a friend in the investment business that its prospects looked good. But by July the stock's price had sagged alarmingly; so the doctor sold out—at a loss of \$1,350.

This was Dr. Abernathy's only asset sale of the year. And here's how it affects his current tax return:

Profit from profession and other ordinary income ...\$18,500 Short-term capital loss

(limited to \$1,000) ...1,000 Adjusted gross income \$17,500 Carry-over of loss\$ 350

This \$350 carry-over—the portion of capital loss that couldn't be deducted on this year's return—can be used to offset capital gains reported on next year's return. If there are no capital gains then, it can be deducted from ordinary income.

Now let's consider the case of Dr. Bernhard, who had better

for relief of daily tensions...



the power of gentleness

helps patients face everyday anxieties and tensions

"...mild action promotes an over-all calmness..."*

New and Different • not a hypnotic-sedative—unrelated to any available chemopsychotherapeutic agent • no evidence of cumulation or habituation • does not cause gastric hyperacidity • unusually wide margin of safety—no significant side effects

Dosage: 150-300 mg. three or four times daily.

Supplied: 300 mg. scored tablets, bottles of 48.

*Ferguson, J. T.: J. Am. Geriatrics Soc. 4:1080, 1956.



AMES COMPANY, INC . ELKHART, INDIANA

24950

MEDICAL ECONOMICS · MARCH 1957

200

iples, it of the a ering rally, ised. Last 300 sule. In the pros-July

gged l out

only

re-

ther 500

hat this

off-

exi

ap-

ted

of

ter

unique

dimensional nutritional protectant

the water-soluble, citrus bioflavonoid complex (as provided exclusively in C.V.P.)

multiple vitamins (A, D, C, B₁, B₂, B₆, B₁₂, K, E, niacinamide, calcium pantothenate, folic acid)

multiple minerals (calcium, iron, magnesium, manganese, copper, zinc, iodine, molybdenum, cobalt) A superior nutritional shield against dietary deficiencies... and to help speed healing and convalescence in medical and surgical patients.

For pregnant and lactating women, in aged and debilitated patients, before and after surgery, in restricted diets, patients with lowered resistance.

BIVAM tablets provide: capillary-protectant water-soluble citrus bioflavonoid complex antihemorrhagic vitamins K and C well-tolerated iron highly utilizable, phosphorus-free calcium, hematinic vitamin B₁₂, folic acid copper, cobalt, molybdenum anti-emetic vitamin B₆ and many nutrients essential to normal metabolic function and anabolism, and optimal health.

Dose of 3 BIVAM tablets provides

Citrus Bioflavonoid	Col	mpo	une	100			mg
Ascorbic Acid (C)							
Calcium Lactate							
Ferrous Gluconate						00	me
Vitamin A							nits
Vitamin D							
Thiamine Mononitra	to	(B.				3	me
Riboflavin (B2)							
Pyridoxine HCI (Be)							
Vitamin Biz (cobalar							
concentrate)						3 n	ncg.
Niacinamide							mg.
d Calcium Pantothe							
Folic Acid							mg.
Menadione (K)							mg.
Vitamin E (dl. alpha							
tocopheryl acetate					Lir		Unit
Magnesium							mg.
Manganese							mg.
Copper							mg.
Zinc							mg.
Malybdenum						1.2	mg.
lodine						1	mg.
Cobalt						0.1	mg.
*Contains the man factors of the spec		acti	ve		fla		noid
scluble bioflavonois	1 0	emp		Fro	m		
Supplied bottles of		100					

SAMPLES of small, easy to swallow BIVAM tablets and literature from . .

u. s. vitamin corporation • PHARMACEUTICALS
Arlington-Funk Laboratories, division
250 East 43rd Street, New York 17, N. Y.

1000 tablets

luck during 1956. He sold 250 shares of Upstart Uranium that his father had given him five years earlier. Comparing his own selling price with the price his father had paid for the stock,* he discovered he had a capital gain of \$3,200 to report. Here's how it looks as reported on his tax return:

Profit from profession and other ordinary income ...\$21,000 Long-term capital gain (only 50% included) . . 1,600

Adjusted gross income \$22,600

Note that half Dr. Bernhard's long-term capital gain (the 50 per cent excluded) thus becomes tax-free. This would not be the case with a short-term gain. If he'd made his \$3,200 profit on the sale of stock held six months or less, the entire amount would be taxable as ordinary income.

To see what happens when both capital gains and capital losses are reported, take the case of Dr. Chenoweth. In 1956, he sold some assets to raise cash for a new medical building. More specifically:

He turned a profit of \$3,500 by selling some woodland acreage he'd bought ten years ago. He sustained a stock loss of \$1,-500 by selling 100 shares of Galway Gold Mines, left to him by his mother at her death five months earlier.*

Balancing Accounts

Meanwhile, his wife (with whom Dr. Chenoweth files a joint return) reaped a profit of \$1,000 by selling fifty shares of Midstream Mining that she'd bought as a speculation just two months earlier.

The box score? It looks like this:

Gains Losses

a "

The

dema

sign

hypo

of co

gree

orde

facto

Chro

тог

not hype

men

abor

more

edie

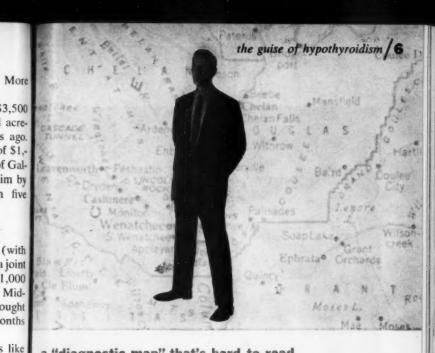
Short-term sales \$1,000 \$1,500 Long-term sale 3,500 None

Following the procedure indicated on their tax return, the Chenoweths combine their shortterm items and record a net short-term capital loss of \$500. Then they reduce their long-term gain (\$3,500) by this amount.

The result—\$3,000—appears

^{*}That's how you compute capital gains on gifts when they're sold: You compare your selling price with the price originally paid by the giver. Capital losses on gifts are sometimes computed differently: You compare your selling price with the asset's fair market value at the time it was given to you (provided this latter figure is lower than the price the giver paid).

With assets that are bequeathed to you and then sold, you compare your selling price with the fair market value at the time of the decedent's death (or one year thereafter, if the executor so elects).



a "diagnostic map" that's hard to read

The symptoms of classical myxedema actually provide only a few sign posts in the vast territory of hypothyroidism. To find the path of correct treatment, "a high degree of suspicion for thyroid disorder remains the most important factor in diagnosis of any case."*

Chronic colds, backache, insomnia, morning fatigue are some features not ordinarily associated with hypothyroidism. Constipation, menstrual dysfunction, habitual abortion, dry skin and hair may be more quickly recognized and remedied by proper thyroid therapy.

Whenever thyroid is indicated, Proloid, the *improved* thyroid, assures a smooth, predictable clinical response. Proloid is virtually pure thyroglobulin. Double assay, both chemical and biological, assures uniform potency and a consistent metabolic effect.

Proloid is prescribed in the same dosage as ordinary thyroid and is available in 14, 12, 1, 112 and 5 grain tablets as well as powder.

*Pickering, D. E., and Lusted, L. B.: GP 11:99 (Feb.) 1955.

Proloid the improved thyroid

WARNER-CHILCOTT

100 YEARS OF SERVICE TO THE MEDICAL PROFESSION

,500

None

indi-

, the

hort-

net

500.

term

ears

o you

elling time there-

nt.



You c

Fou of pregnt Kaps miner Kaps safeg

sateg docage Kapse Each

Calciu Ferror Vitam Folic a Vitam Vitam Vitam hyd



help assure optimal nutrition during gestation... throughout lactation

NATABEC* KAPSEALS

vitamin-mineral combination

Tou can help assure optimal nutrition in your patients during pregnancy and lactation by supplementing their diet with NATABEC Kapseals. Designed to improve intake of important vitamins and minerals at these times of increased nutritional need, NATABEC Kapseals, taken regularly, help avoid complications and aid in safeguarding the health of both mother and child.

decage: As a dietary supplement during pregnancy and lactation, one or more Kapseals daily. NATABEC Kapseals are available in bottles of 100 and 1,000.

Each NATABEC KAPSEAL represents:

Calcium carbonate					600 mg.
Ferrous sulfate					
Vitamin Bu (crystalli	Di	e)	ė		2 mcg.
Folic acid					
Vitamin A					
Vitamin D			¥		. 400 units
Vitamine B. (thiamir					
hydrochloride)					3 mg.

Synkamin (vitamin K				
as the hydrochloride)		ě.		0.5 mg.
Rutin		ı		10 mg.
Vitamin B ₂ (riboflavin) .				
Nicotinamide (niacinamid	0	ı		10 mg.
Vitamin B. (pyridoxine				118
hydrochloride)				1 mg

Vitamin C (ascorbic acid)



PARKE, DAVIS & COMPANY DETROIT, MICHIGAN

80042

on their tax return at half-value. Thus:

Profit from profession and other ordinary income ...\$26,500 Long-term capital gain

(only 50% included) 1,500 Adjusted gross income . \$28,000

If the Chenoweths' adjusted gross income had been up around \$40,000, it would have been worth their while to use an alternate method of computation, which is described on Schedule D. You don't have to know the details. Just remember that it's a way of limiting the top tax rate on capital gains to 25 per cent. (Using the regular method, the top tax rate rises above 25 per cent when taxable income on a joint return exceeds \$36,000.)

Those, then, are the fundamentals. Once you've mastered them, you can get through the capital gains section of your tax return without too much strain. But the answers to a few more questions may help you along the way:

How are mutual fund gains handled? If you own shares in a regulated investment company, your proceeds may include capital gains. These should be designated by the company, in writing, as "capital gains dividends." If you've received proceeds so designated, treat them as long-term capital gains.

What about worthless securities? Deduct for them as a capital loss in the year they became worthless. (You can go back seven years to correct past tax returns on this score.) But since worthlessness is sometimes hard to prove, it's best to sell the securities for whatever you can get. That fixes the exact time and amount of your loss.

What capital losses are nondeductible? Any losses sustained on the sale of personal assets your household furnishings, your wife's jewelry, your pleasure boat. You didn't invest in such assets for profit or for professional reasons; so what you lose when you sell them cannot be deducted. On the other hand, capital gains stemming from such sales must be reported.

House Sale Profits

What capital gains are nonreportable? Any profit you made last year on the sale of your principal residence (if, within one year before or after the sale, you purchased and occupied another residence costing at least as much ATARAX

brings peace of mind

WITHOUT DISTURBING MENTAL ALERTNESS

QUICKLY—action starts within 15 minutes.
SAFELY—no significant side effects
reported.

INDICATIONS: For the "more normal" patient, in conditions where emotional stress is a factor, such as: tension • anxiety • neuroses senile anxiety • insomnia • climacteric • peptic ulcer • functional G.I. spasm • hypertension cardiac disease • anxiety, restlessness, night terror and hyperactivity in children.

DOSAGE: Adults, usually one 25 mg. tablet, or two teaspoonfuls Syrup, three times daily. Children (over 3 years), usually one 10 mg. tablet or one tsp. Syrup, once or twice daily.

Since response varies from patient to patient, dosage should be adjusted accordingly.

SUPPLIED: Tablets: Tiny 10 mg. (orange) and 25 mg. (green), bottles of 100. Syrup: 10 mg. per teaspoonful, pint bottles.





BIBLIOGRAPHY: 1. Ferah, Luis: Preliminary study on the use of hydroxyzine in psychosomatic affections. Intl. Rec. of Med. and G.P. Clin. 168:379.389 (June) 1956: 2. Robinson, Harry M., Jr., etal: Hydroxyzine (ATARA) hydroxhorid: Germatological therapy, J.A.M.A. 168:1604 (June 16) 1956: 3. Shalowitz, M.: Hydroxydie: a new therapsutic agent for senie anxiety states. Geriatrics 12:312 (July) 1956. Nosl. Guy: report by Neuropsychiatric appartment of the Children's Neuropsychiatric Department of the Children's Neuropsychiatric Dec. 19, 1955. 5. Heuyer, G., Lang, J.L. and Children's Neuropsychiatric Service, La Salpetiere, Paris, 6. Bayert, J.: Ontreatment by hydroxyzine of nervous conditions during childhood. Presented at the International Congress of Pediatrics, Copenhagen, Denmark, July 22:27, 1956.

MEDICAL ECONOMICS · MARCH 1957 337

XUM

ls." If o des-

ecuriapital ecame back

st tax since hard ne se-

n get.

nonained ets your boat.

reayou l. On gains

nrenade orin-

you ther uch



stops
the silent agony
of PRURITUS ANI
in 98% of cases*

Breaking the itch-scratch-itch cycle is essential to control of pruritus ani. Topically applied Hydrolamins Amino Acid Ointment relieves itch with anesthetic speed—but without danger of tlasue reaction.

In a series of 100 unselected sufferers from pruritus ani, the author* reported "Relief... experienced immediately in 98 cases." Moreover, in 88% of cases, "Within a few weeks' time there is every appearance of normal skin."

HYDROLAMINS°

AMINO ACID OINTMENT

Hydrolamins offers an isotonic, specially selected combination of amino acids derived from lactalbumin in a vehicle of polyethylene glycol 1500. Hydrolamins buffers against local (bowel) irritants. It does not contain local anesthetics ("caines") or astringents.

SUPPLIED in 1 oz. (28 Gm.) tubes.



PHARMACEUTICAL COMPANY

CHICAGO 14, ILLINOIS

*Bodkin, L.G., and Ferguson, E.A., Jr.: Successful Dintment Therapy for Pruritus Ani, Am. J. Digest. Dis. 18.59 (Feb.) 1951,

338 MEDICAL ECONOMICS · MARCH 1957

as the

The tricky. such a you pr guidan know to means sales coording coording period and page to the tricky.

The ever, a you catransac

as the "adjusted sales price" of your old residence).

The terms used here are tricky. In fact, if you engaged in such a transaction during 1956, you probably need personal tax guidance. But it may help you to know that "adjusted sales price" means gross selling price less sales commissions and redecorating costs (provided the redecorating is done in the ninety-day period ending on the date of sale, and paid for within thirty days thereafter).

There's nothing tricky, however, about the tax-saving tips you can apply to future asset transactions. Paste these three suggestions in your book for 1957:

- Try to postpone taking profits until they qualify as longterm gains. If you sell an asset within six months of buying it, you'll pay at least twice as much in taxes.
- 2. Try to postpone taking long-term gains until you have a loss (either long- or short-term) with which to wash them out. Your profits are then tax-free.
- 3. Don't try to postpone taking losses; some are inevitable anyway. And they can reduce your income taxes any year—perhaps even every year for the next five.

And a Belt in the Back?

The man had been referred to my office for a G.I. series of X-rays. I took him to a dressing room and, pointing to the pile of dressing gowns, instructed him to put one on with the opening at the back.

Thirty minutes later he was still in the dressing room. I knocked and he came out—with the dressing gown on wrong.

"I thought I told you," I said, "to put the dressing gown on with the opening at the back."

"Doctor," he replied plaintively, "I tried on every gown in that room, and they all have the opening in front!"

-NORMAN B. CRANE, D.O.

tial

itch

NT

from

HOIS

ıl



Metamucil stimulates normal peristalsis and produces soft, easy stools.

"Smoothage" management with

Metamucil may be continued as long as desired in every type of constipation.

METAMUCIL

SEARLE

psyllium hydrophilic mucilloid with dextro-

DEAR DOCTOR,

DO YOU KNOW?

that your MEDICAL ECONOMICS is being sent to you through the cooperation of its national advertisers and

THE WENDT-BRISTOL COMPANY

51 E. State St. CA 4-6108 1660 Neil Ave. WA-7048 721 N. High St. CA 1-3153

Columbus, Ohio

We sincerely hope that you enjoy this magazine and if you are not receiving your copy promptly each month, please notify us immediately.

LE



isn't this <u>your</u> year for new **Hamilton** furniture?

Only you can give the answer, but before you do take a good look at your present examining room equipment. Do you feel it is as modern and efficient as it should be? Are you satisfied?

If you are—fine! If you aren't—let us demonstrate
Hamilton's more than two dozen greater efficiency
features. Let us show you completely new Hamilton
suites, contemporary in design and available in a
wide choice of handsome finishes and upholsteries.

Come in soon.

THE WENDT-BRISTOL COMPANY

51 E. State St. CA 4-6108 1660 Neil Ave. WA-7048 Columbus, Ohio 721 N. High St. CA 1-3153



Extended Relief with the

BURDICK UT-1 Ultrasonic Therapy Unit

ALONE

In subdeltoid bursitis, sciatic neuralgia, spondylitis, the deep, precisely beamed radiation of the Burdick UT-1 Ultrasonic unit provides a high degree of comforting vasodilation and relief from pain.

A VALUABLE ADJUNCT

In contractures, myalgias and constitutional disorders such as rheumatoid arthritis, the Burdick UT-1 Ultrasonic unit provides a potent therapeutic force for relief in these resistant disorders. Short treatment periods and localized applications to specific areas avoid patient fatigue or discomfort.

FOR INFORMATION

Write The Burdick Corporation

FOR A DEMONSTRATION

See your Burdick dealer

THE WENDT-BRISTOL COMPANY

51 E. State St. CA 4-6108 1660 Neil Ave. WA-7048 721 N. High St.

Columbus, Ohio

BARD-PARKER presents a *New* concentrate

HALIMIDE



BARD-PARKER presents HALIMIDE, a new concentrate of low surface tension and excellent penetrating qualities, scientifically perfected for inexpensive instrument disinfection.

HALIMIDE Is ...

RAPIDLY BACTERICIDAL NON-SELECTIVE TUBERCULOCIDAL WHEN DILUTED WITH ALCOHOL

NON-CORROSIVE—NO ANTI-RUST TABLETS TO ADD STABLE—NEED NOT BE CHANGED FREQUENTLY INEXPENSIVE—1 oz. makes 1 gal. of solution

THE WENDT-BRISTOL COMPANY

UST PRICE-4 oz. bettle . . . \$2.50 Please see your Dealer for quantity discounts 51 E. State St.1660 Neil Ave.721 N. High? CA 4-6108 WA-7048 CA 1-3153 Columbus, Ohio

HALIMIDE and your INSTRUMENTS...THEY COMPLIMENT EACH OTHER

l Buil A Pa

CONT

What been of sure shifted makes symptotic of an she'd litracing Of

surance es, at le of inter he doe gets go in the f up eve

Alo tures, financi only b the pa ally tri My

is now plan b point ters ar

| Built My Practice on A Pay-by-the-Year Plan

[CONTINUED FROM 110]

What if this patient hadn't been on the yearly plan? I feel sure she wouldn't have come to see me. If she had, I wouldn't have decided that her vague symptoms warranted the expense of an ECG—especially since she'd had a completely normal tracing only a month before!

Of prime importance to the patient is the fact that he has insurance against medical expenses, at least within the broad field of internal medicine. And even if he doesn't fall sick, he feels he gets good value for his yearly fee in the form of a complete checkup every six months.

How Earnings Rise

Along with its other good features, the plan has rewarded me financially. My income has not only been more assured during the past eight years; it has actually tripled.

My medical practice—which is now about 90 per cent on the plan basis—has expanded to a point where I need larger quarters and more office help.

I don't know how many patients I'll ultimately be able to handle. Obviously, under such a system, there's a limit. But my expanded facilities should enable me to take care of enough new patients to keep my income on the rise for at least a few more years.

Small Turnover

Meanwhile, I find I lose very few pay-by-the-year patients. There are always some who feel they're not sick often enough to get their money's worth. But the great majority—even the many who see me only twice yearly—seem thoroughly satisfied with the plan.

What's more, they don't go out of their way to get their money's worth.

When I first instituted the plan, everybody warned me I'd better charge an additional fee for house calls. Otherwise, said my friends, I'd find myself so busy traversing the sprawling expanse of the Los Angeles area that I'd need a direct factory connection for the purchase of new tires.

They were wrong. I don't charge for house calls. And I find I make fewer than half as many as I used to make. [MORE]

MEDICAL ECONOMICS - MARCH 1957 341

HER

EVERY WOMAN WHO SUFFERS IN THE MENOPAUSE DESERVES

widely used natural, oral estrogen

PREMARIN.

AYERST LABORATORIES

New York, N. Y. • Montreal, Canada

5645

PAY-BY-THE-YEAR PLAN

This in spite of my greatly increased practice!

Thus my contention that the average person doesn't like to trouble his doctor needlessly has been confirmed. Most of my patients apparently feel secure in the knowledge that they've had a complete examination fairly recently. So they're less likely to become apprehensive than is the patient who hasn't seen a doctor for a long time. They request house calls only when they're unable to come in to the office to see me.

He Sums Up

Would I be earning more money if I'd never started my pay-by-the-year plan? I don't know. There's no way to tell. But one thing I do know: I wouldn't be getting as much personal satisfaction out of my work if I'd kept on in the old way.

Today, I believe, I'm practicing true preventive medicine. It's most satisfying to be able to



342 MEDICAL ECONOMICS · MARCH 1957

PATHI

fects, in clin contre

PATH

ment

and h

condi

ulcer relief with few side effects

PATHILON

TRIDIHEXETHYL IODIDE LEDERLE

PATHILON ranked high, with few side effects, few complications, few recurrences, in clinical results in a prolonged, carefully controlled study.

This comparative evaluation of currently employed anticholine gle drugs shows that treatment of aquit or chronic ulcer can be both effective and gratifying.²

PATHLON is recommended in the treatment of peptic ulcer, gastric hyperacidity and hypermotility, gastro-intestinal spastic conditions such as spastic and irritable colon, functional diarrhea, pylorospasm, and hypermotility of the small intestine not associated with organic change.³

Available in three forms: tablets of 25 mg., plain (Pink) or with phenobarbital, 15 mg. (Blue), and parenteral, 10 mg./cc.—1 cc. ampuls.

- Cayer, D.: Prolonged Anticholinergic Therapy of Duodenal Ulcer, Am. J. Dig. Dis. 1:301-309 (July) 1956.
- 2. Cayer, D.: ibid.
- Council on Pharmacy and Chemistry: J.A.M.A. 160:389 (1956).

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY *REG. U. S. PAT. OFF. PEARL RIVER, N. Y.



"EDICAL ECONOMICS MARCH 1957 343

ly in-

at the

ke to y has

y pare in

had a v re-

ly to

octor

o see

my lon't But dn't atiscept

tic-

It's

to

PAY-BY-THE-YEAR PLAN

make diagnoses of early carcinoma of the breast and rectum, asymptomatic diabetes, lung tumors, and the like. Such early diagnoses wouldn't be so easy if patients came to the office only when their symptoms had become obvious.

Some Missed Fees

Naturally, I have missed out on some large fees with plan patients who've developed serious illnesses and who've therefore required inordinate amounts of care. But I suspect such patients generally recover more quickly than the average: They don't have the additional worry of a big doctor bill to keep them from mending. And instead of paying me off in money, they reward me by sending in their relatives and friends.

Not just their aging relatives and friends, either. You might think the prepayment plan would appeal mostly to elderly persons. But I haven't found this to be true. My patients are uniformly divided as to age groups.

Is It for You?

All in all, I can highly recommend the pay-by-the-year idea. It would be presumptuous of me to claim it would work for most private practitioners. But I do believe that a similar system could be profitably set up by many medical men.

Finally, I don't intend to suggest that this type of practice is a sure answer to socialized medicine or to closed-panel groups. But I do think my plan patients are well pleased with things as they are. No compulsory health insurance program is likely to seem appealing to them. END



344 MEDICAL ECONOMICS · MARCH 1957

NEW

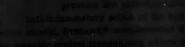
and the second of the second of the second

Rheumatoid Arthritis

patient

for the pain of the present

Ataraxoid



ATAMAK Minimal disturbance of Band and electrolyte metabolism; no montal forgung

HANAGEMENT IN RESUMATOID ARTERITS

Antango Tables contains Size Section of the (Section 1988) and 10 mg hypothesis in Letter of the (Available). Rother 1 30 243 LB

Character Character

Broghlyn B, New York

(Pfizer)

FAT

s of ients ickly don't of a from tying d me

tives night ould sons. o be

and

dea.
f me
most
o beould
nany

suge is a nedinups. ents s as ealth

END

XUM

sentence before she was told, 'Yeah, I know, I know.' The hospital administrator, seeing her pass one day, insisted upon her coming in for a blood count. She had been walking around with 5 grams of hemoglobin."

On communicating with colleagues: "Too often on hospital records we see a note 'History unavailable.' Five minutes invested in a phone call... might produce a reservoir of information that would sharpen the diagnosis quickly and shorten the hospitalization... More often than not, these calls [are] not made because the present medical officer is embarrassed about calling the previous one. So-

ciety is paying too high a debt for this embarrassment."

On tactless behavior by consultants: "The consultant... asks [the patient], 'Didn't your doctor tell you you had a murmur?" The family doctor may have known it for thirty years and... been doing a good job of avoiding iatrogenic disease; but because the professor has figuratively lifted his eyebrow the home-town doctor forthwith becomes a jerk...

"It is hard to estimate the psychogenic trauma done by the... tactless sniff of a specialist when he looks at a film the patient has lugged along from his local medical man and then without a word of



for sult-[the tell nily hirood ase; figthe besynen nas cal of



sore throat visibly improved by

Paredrine*Sulfathiazole Suspension

- Before intranasal instillation of 'Paredrine'-Sulfathiazole Suspension. Patient suffers severe pharyngitis, complicating ethmoiditis and sphenoiditis. Postnasal drainage is visible on the posterior pharyngeal wall.
- After intranasal instillation of Suspension—5 drops in each nostril every two waking hours. (Two hours have elapsed since the last dose.) The microcrystalline sulfathiazole has formed a bacteriostatic film over the infected area, drainage has stopped and inflammation has subsided.

Smith, Kline & French Laboratories, Philadelphia 1

*T.M. Reg. U.S. Pat. Off. for hydroxyamphetamine hydrobromide, S.K.F.



in seborrheic dermatitis:

results you and
your patients can see

■ Before local application of 'PRAGMATAR'. Seborrheic dermatitis of long standing, with typical yellowish, greasy scalaalong hairline and external auditory canal.

After local application of 'PRAGMATAR'—every other day for 2 weeks. Erythema has subsided. Encrusted papules have almost completely resolved.

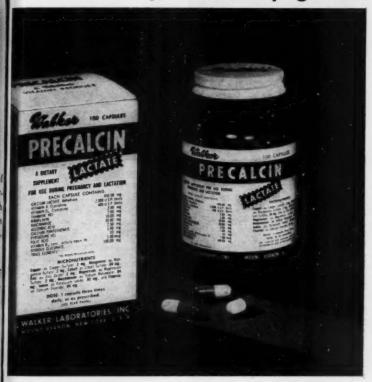
'PRAGMATAR', the outstanding tar-sulfur-salicylic acid ointment, is effective in a wide range of common skin disorders. It is non-staining, virtually greaseless, easy to apply.

Pragmatar DR\

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off.

for normal, healthy, comfortable pregnancies



PHOSPHORUS-FREE, HIGH-POTENCY DRY-FILL CAPSULES WITH "BUILT-IN" ANTIANEMIA FACTORS

Walker LABORATORIES, INC. MOUNT VERNON, N. Y., U. S. A.

MEDICAL ECONOMICS · MARCH 1957 349

COLWELL Companions to a Successful Practice.

SAVE on Distinctive Professional Stationery!

Modern printing methods and volume production offer you worthwhile savings on Colwell's complete line of:

- . LETTERHEADS
- ENVELOPES
- BILLHEADS
- STATEMENTS
- APPOINTMENT and PROFESSIONAL CARDS

Accurate, clean-cut letterpress work on highest quality materials. Satisfaction guaranteed.

THE DAILY LOG RECORD BOOK APPOINTMENT LOG - STATIONERY PATIENTS' RECORDS - FILING DEVICES

COLWELL

MAIL COUPON TODAY!



COLWELL
PUBLISHING CO.
238 University Ave.
Champaign, III.

Supplies Catalog for Physicians.	Please Supplie	send me	your for	FREE Physici	1957 ans.	Reco
----------------------------------	-------------------	---------	-------------	-----------------	--------------	------

Dr.

City State

NEWS

explanation requests a repeat X-ray... Some professors apparently think that X-rays taken in a town under 100,000 are worthless. Sometimes one medical center doesn't trust the films of another only a few blocks away... This infuriates the patient and indicts the whole profession in his mind."

Industrial Practice on a Fee-for-Service Basis

Most doctors in industrial medicine are paid by the hour, the month, or the year. But a few have successfully applied the pattern of private practice to industrial work. Among them are fifteen physicians and two dentists in Garden City, N.Y. They've set up a \$100,000 health center and are now practicing industrial medicine on a fee-for-service basis.

Their Industrial Medical Center at Roosevelt Field, as they call it, is in the middle of a newly-developed industrial park. It's also right next door to an enormous shopping center. "There are 44,000 employes within about a mile," reports Dr. James F. Higgins, director of the center.

These employes need preplacement and periodic physical examinations. Occasionally, they need emergency care. The shopping center needs doctors to handle its compensation cases, and the factories need medical consultants too.

It's the purpose of the Industrial Medical Center to meet all these

350 MEDICAL ECONOMICS - MARCH 1957

THE

THE

Expe

Anti

Sedi

Top

the cough to the patient ... and t X-

THROUGH THE DAY

THROUGH THE NIGHT



Expectorant action Antihistominic action Sedative action Topical anesthetic action



ently own ess. enter ther is ins the

1

icine h, or cessvate ong two

V.Y.

alth g inervnter

11 it,

velight ping oyes Dr. the

ace-

am-

need

cenomries trial

nese

needs. And it does so on a scale that only the largest companies can ordinarily afford. It has \$75,000 worth of equipment in its various departments. It has two radiologists, two ophthalmologists, two G.P.s, and two dentists among its partners (all of them already established in Long Island practice).

The center operates entirely on a fee-for-service basis. Schedules for standard procedures are worked out in advance with the various companies. Then, once a month, each partner bills the companies for whatever work he's done. There are no other contractual arrangements.

One of the goals of the Indus-

trial Medical Center is to show what private medicine can do in this field. So far, it appears, the seventeen partners are doing well. "I think we've proved," says Dr. Higgins, "that industrial medicine doesn't have to fall into the pattern of salaried practice."

New Book's Superlatives Make Medical Small Talk

Ever wondered about the greatest blood transfusion on record? It consisted of "six gallons in twentythree hours received by Douglas H. McLeod, 31, of Brisbane, Australia, on August 4th, 1955."

How about history's largest X-

Maternity patients get greater comfort and relief from VULVA VARICOSITIES with NU-LIFT natural "HAMMOCK" Shoulder Strap Support

Designed by a doctor...with exclusive patented shoulder straps that let shoulders carry much of the added weight. A feeling of lightness and buoyancy results from a special obstetrical front, that provides gentle abdominal lift from underneath, without uncomfortable boning.

Pelvic pressure is reduced, backache relieved, possibility of varicose veins lessened as elevation of baby improves posture.

*PATENT #2,345,760



Criss-cross inner belt minimizes backache, improves pasture.



Includes special post-partum panel that aids organs and muscles in their return to normal.

Write for information for yourself and your patients.

NU-LIFT COMPANY, INC. • Dept. E-37 • 1021 N. Las Palmas • Hollywood 38 • California



prescribe RAUDIXIN to break the mental tension – hypertension cycle



Raudixin reduces mental tension

Tranquilizing Raudixin reduces the mental tension which plays a significant role in hypertension ... reduces mental tension as yet unrelated to physical symptoms.

Raudixin reduces hypertension

Blood pressure lowering effect is gradual, sustained in hypertensives ... little or no hypotensive effect is produced in normotensives.

Single daily dosage discourages promiscuous overuse by patients ... not habit-forming.

RAUDIXIN



Squibb Quality-the Priceless Ingredient

ornia





HAYDEN'S

. . . helps remove tension from nerve endings - corrects imbalance — restores normal muscle tone.

Write today for professional sample; try HVC on your next case of smooth muscle spasm.



NEW YORK PHARMACEUTICAL CO. U.S.A. Bedford, Mass.



194.0 mg. Acetylsalicylic Acid (21/2 gr.) 162.0 mg. Phenobarbital (14 gr.) . . 16.2 mg: Hyoscyamine Sulfate . . . 0.031 mg. Prophenpyridamine Maleate 12.5 mg. Phenylephrine Hydrochloride



10.0 mg.

ray film? It was taken at the University of Rochester in New York and measures almost 5' by 12'. Its subject: a jeep.

Source of these tidbits is "The Guinness Book of Superlatives," an encyclopedia of extremes that seems destined to affect the lunchtable conversations of doctors and many others. The book is sponsored by the Irish brewers, Arthur Guinness Son & Co., Ltd. It's published in this country by a New York firm called Superlatives, Inc.

Armed with a copy, you can confound your colleagues with such medical oddments as these:

¶ Mme. Vassilet, a Russian who died in 1872, produced sixty-nine children in twenty-seven confinements.

The largest baby ever born weighed 23¾ pounds.

The 1918 influenza pandemic killed 21,640,000 persons.

All this small talk may make you the least popular member of your medical society. But along the way you'll probably start a lot of interesting arguments.

Physicians Urged to Write Postoperative Letters

A day or two after the operation, most patients are told what procedures were performed. The trouble is, says Dr. Walter W. Hammond Jr. of Plymouth, Mich., "very few patients remember what was told to them."

Some years ago, Dr. Hammond

354

MEDICAL ECONOMICS · MARCH 1957

each



each tablet contains:

MECLIZINE (12.5 mg.) - specifically suppresses labyrinthine irritation1

NICOTINIC ACID (50 mg.)-for prompt increase of cerebral blood flow2

Proof? Try ANTIVERT on your next vertiginous patient. One tablet t.i.d. before meals. In bottles of 100 blueand-white scored tablets. Rx only.



CHICAGO 11, ILLINOIS

VERTIGO IN GERIATRICS ANTIVERT is particularly useful for the relief of vertigo in the aging.

1. Weil, L. L.: J. Florida Acad. Gen. Pract. 4:9 (July) 1954. 2. Williams, Henry L.: J. Michigan State Med. Society 51:572-576 (May) 1952.

MEDICAL ECONOMICS - MARCH 1957 355

New Inc. can with se: who

nine fine-

born emic

you

our way

ter-

ite

on,

Pro-

The

ım-

h.,

hat

nd

NEW...



Each Multiple Compressed Tablet of MEPROLONE provides the inseparable antiarthritic, antirheumatic benefits of:

 Prednisolone buffered—the newest and most potent of the "predni-steroids" for prompt relief of joint pain and arrest of the destructive inflammatory process.

Meprobamate—the newest and safest of the muscle-relaxant tranquilizers for profound relaxation of skeletal musele in spasm.

Tolerance to this combination is good because there is little likelihood of sodium retention, potassium depletion or gastric distress with buffered prednisolone, and meprobamate rarely produces significant side effects in therapeutic dosage.

An additional important therapeutic benefit, often overlooked, stems from the tranquilizing action of meprobamate. This component of Meprolook relieves mental tension and anxiety so often manifest in arthritics, making them more amenable to other rehabilitation mea-

INDICATIONS: A wide variety of conditions, in which four symptoms predominate: a) inflammation b) muscle spasm c) anxiety and tension d) discomfort and disability; i.e., rheumatoid

Therapeutic benefits of MEPROLONE compared with traditional antiarthritics.

relieves pain	suppresses inflam- mation	relaxes muscle	eases anxiety	impati sense d well-bei
1	1			
		1		
			1	
1	1			1
1	1	1	1	1
		relieves inflam-	relieves inflam- relaxes	relieves inflam- relaxes eases

izer with muscle-relaxant action.

arthritis, rheumatoid spondylitis (Marie-Strümpell disease), Still'a disease, psoriatic arthritis, osteoarthritis, bursitis, synovitis, tenosynovitis, myositis, fibrositis, fibromyositis, neuritis, acute and chronic low back pain, acute and chronic primary and secondary fibrositis and torticollis, intractable asthma, respiratory allergies, allergic and inflammatory eye and skin disorders (as maintenance therapy in disseminated lupus erythematosus, periarteritis nodosa, dermatomyositis and scleroderma).

SUPPLIED: Multiple Compressed Tablets in bottles of 100 in two formulas as follows: Merro-Long-1-D. O mg. of prednisolone, 200 mg. of meprobamate and 200 mg. of dried aluminum hydroxide gel. Merrolons-2-provides 2.0 mg. of prednisolone in the same formula.

NO OTHER

ANTIRHEUMATIC

PRODUCT

PROVIDES AS MANY

BENEFITS AS

DLONE'

MEPRO BAMATE
PREDNISO LONE. buffered

THE ONLY

ANTIRHEUMATIC.

ANTIARTHRITIC

THAT SIMULTANEOUSLY

RELIEVES:

- 1. MUSCLE SPASM
- 2. JOINT INFLAMMATION
- 3. ANXIETY AND TENSION
- 4. DISCOMFORT

 AND DISABILITY



MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

REPROLONE is the produment of Morek & Co., for.

trumhritis, evitis, acute tronic collis,

lergic s (as ery-

ets in eprog. of inum



are complicated by useless, exhausting



promptly controls coughs and clears obstructed air passages

Each teaspoonful (5 cc.) of this palatable grape-flavored elixir contains: Phenylephrine hydrochloride Prophenpyridamine maleate 12.5 mg. Dihydrocodeinone bitartrate 1.66 mg. Warning: may be habit forming Chloroform (approximately) 13.5 mg. 1-Menthol 1.0 mg.

> (Alcohol content, 10%; sugar, 331/3 %)

*Trademark

Pitman-Moore Company

Division of Allied Laboratories, Inc. Indianapolis 6, Indiana

realized that the remedy was to put it in writing. He figured that "when [patients are] given . . . a letter to be kept, they can . . . show it to another physician [and he'll get] most of the pertinent information he needs. If he desires more information, he knows where to get it."

So Dr. Hammond devised a standard letter that, in a typical case, read about like this:

Dear Mrs. W .:

... So many patients have been encountered who do not know what previous operations were performed on them, it was thought advisable to supply each patient with a short record of her case.

On June 19, 1950, you had an excision of a tumor from the right breast performed under adrocaine anesthesia in my office.

The pathologist's report was as follows: "A pericanalicular and intracanalicular adenofibroma, which also shows some of the epithelial changes which are found in mastopathia cystica. No malignancy."

Your convalescence was satisfactory . . .

In all such letters, Dr. Hammond explains, the first paragraph can be the same. The middle paragraphs can be picked up from the patient's record. And the concluding paragraph is usually one of these three sentences: "Your convalescence was satisfactory" or "You were ad-

358

MEDICAL ECONOMICS · MARCH 1957

Since o of sup packag attract the far Your their ' have t mealti

Since daily dosage is an important part of supplementation, GEVRAL is now packaged in a special JUBILEE JAR—an attractive container of 100 capsules for the family dining table. Specify GEVRAL. Your patients will remember to take their "vitamins" regularly when they have the JUBILEE JAR before them at mealtime.

to put

when

ter to

to an-

most

n he

ormat."

ed a

been know were was each d of ad an the nder ofwas cular ofibne of are tica.

An <u>ideal</u> family vitamin-mineral formula—

GEVRAL*

VITAMIN-MINERAL SUPPLEMENT LEDERLE

GEVRAL is aptly formulated to meet the broad vitamin-mineral requirements of daily life. Balanced, comprehensive, GEVRAL provides 14 vitamins, 11 minerals and Purified Intrinsic Factor Concentrate. Dosage is only one dry-filled capsule daily.

Each GEVRAL capsule contains:

Each GEVRAL cupsine com	uma.
Vitamin A	5000 U.S.P. Units
Vitamin D	500 U.S.P. Units
Vitamin B ₁₂	1 mcgm.
Thiamine Mononitrate (B ₁)	5 mg.
Riboflavin (B2)	5 mg.
Niacinamide	15 mg.
Folic Acid	1 mg.
Pyridoxine HCl (B _n)	0.5 mg.
Ca Pantothenate	5 mg.
Choline Bitartrate	50 mg.
Inositol	50 mg.
Ascorbic Acid (C)	50 mg.
Vitamin E (as tocopheryl ac	etates) 10 I. U.
1-Lysine Monohydrochloride	25 mg.
Rutin	25 mg.
Purified Intrinsic Factor Cor	centrate 0.5 mg.
Iron (as FeSO ₄)	10 mg.
Iodine (as K1)	0.5 mg.
Calcium (as CaHPO ₁)	145 mg.
Phosphorus (as CaHPO ₄)	110 mg.
Boron (as Na.B.O. • 10H.O	0.1 mg.
Copper (as CuO)	1 mg.
Fluorine (as CaF ₂)	0.1 mg.
Manganese (as MnO ₂)	1 mg.
Magnesium (as MgO)	1 mg.
Potassium (as K ₂ SO ₄)	5 mg.
Zinc (as ZnO)	0.5 mg.

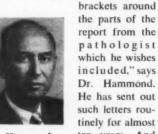


MEDICAL ECONOMICS · MARCH 1957 359

sat-

n be aphs ent's araaree ence advised to have periodic examinations relative to possible recurrence" or "The final results are unknown inasmuch as you did not keep your last appointment."

Such a letter can be prepared almost entirely by an office assistant. "All the surgeon needs to do is put



Hammond

included," says Dr. Hammond. He has sent out such letters routinely for almost ten years. And they not only

help his patients; they also help

Since each letter of this kind is sent about two months after surgery, it "frequently reminds the patient to make another appointment for the final examination. And sometimes it reminds him to make another payment on his account."

Dingell Takes Up Where Father Left Off

Once again Congress is being urged to consider a bill that would give free hospital care to all Social Security beneficiaries. First proposed during the Truman Administration by Representative John D. Dingell, this idea is now being pushed hard by his son, Representative John D. Dingell Jr. (D., Mich).

What young Mr. Dingell wants is "direct payment to hospitals from Social Security funds." There's already enough money for such a program, he says: Social Security revenues "are far higher than anticipated . . . The fund has grown far faster than intended." Thus his law would cost taxpayers nothing more than they're already paying, as he sees it.

Actually, Dingell regards this measure as a stepping-stone to much more extensive Federal medicine. "You've got to start somewhere," he says candidly. "I'd like to see other folks get medical benefits too. But you can't include everybody right off the bat . . ."

Even if his bill doesn't pass this year, it will serve a useful purpose,

Dingell believes: "It will focus people's attention on a real need. You know what happens to the old folks. [They] get to be about 60 or 65... and they've paid Dingell twenty years into some private



health insurance program. Then the first thing you know, they get sick and the company says, 'We've got to cancel your policy' ...

"As our old people get better or-

a true cough <u>specific</u> non-narcotic

ROMILAR 'Roche'

For suppressing cough, whatever the cause, Romilar is at least as effective as codeine. Yet it has no general sedative or respiratory-depressant activity, and it's remarkably free of side effects such as nausea, constipation, or tendency to habit formation. Available as a syrup, in tablets, or expectorant mixture (with ammonium chloride).

ROCHE

Original Research in Medicine and Chemistry

Romller® hydrobromide — brand of dextromethorphan hydrobromide

MEDICAL ECONOMICS · MARCH 1957 361

n D.

ants rom s alch a arity nticfar law nore s he this to nedmelike benude this

ose, ves:

cus ten-

real

now s to

ks.

be 55...

paid

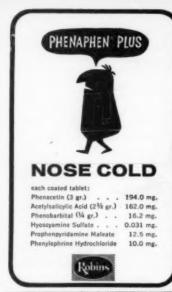
in-

the

ick

got

or-





ganized—which they are doing you're going to witness a growing demand for health legislation like this."

Do Proprietary Hospitals Give Good Service?

One way to get rich—in Southern California, at least—is to own your own hospital. That's the gist of a detailed report by Will O'Neil in The Modern Hospital.

"Spurred by the tremendous growth in population," it says, "Southern California entrepreneurs have been investing in proprietary hospitals—and in some cases making them pay.

"But," the report adds pointedly, "it is fair to ask: Are they truly hospitals?"

Of some 200 nongovernment hospitals in Southern California, over half are proprietary. But they contain only one quarter of the total number of beds. Despite their small size—or perhaps because of it—the proprietary hospitals are consistent money-makers:

"Diligent search and inquiry failed to disclose a single 'dry hole,' "O'Neil reports. "A return before federal taxes of from 25 per cent to 30 per cent per year on the capital invested is considered... minimum for the efficiently operated general hospital. In at least one instance, profits during each of the first two years of operation... were in excess of 50 per cent of the total investment."

T

for

pr

BII

bec

PR

CU

Rx !

equ

For

To win a "loss" is easier

for both you and your patients when you prescribe

BIPHETAMINE

ing like

s

ern our f a in

ous

ys, urs

ary

ak-

lly,

uly

ent

ia.

ley

he

eir

of

ire

ry

ry

rn

er

he

p-

of he because you can be sure of

PRE-DETERMINED APPETITE

curbing due to 'Strasionic'—sustained ionic—release. "...90% of the patients reported satisfactory or excellent effects (curbing of appetite for 10 to 14 hours)."

PATIENT APPRECIATION. "High

enthusiasm (observed by) investigators . . . In addition to the excellent effect of the BIPHETAMINE, this single dosage form was more convenient."

PREDICTABLE WEIGHT LOSS.

Freed and others^{1,2,3} report dependable appetite suppression and striking weight loss with one Biphetamine capsule daily.

REFERENCES:

- Freed, S. Charles; Keating, J. W.; Hays, E. E.— Annals of Internal Medicine 44, 1136 (June 1956)
- Freed, S. Charles—GP VII, 63 (1953)
- Freed, S. Charles and Misel, M.—Annals of Internal Medicine 36, 1492 (1952)

Rx Biphetamine 12½ mg. or Biphetamine 20 mg. capsules containing a mixture of equal parts of amphetamine and dextro amphetamine in the form of a resin complex.

BIPHETAMINE®

PRE-DETERMINED ANOREXIA
PREDICTABLE LOSS OF WEIGHT

Strasenburgh

For Literature and Samples, write R. J. Strasenburgh Co., Rochester, N.Y., U.S.A.

One reason why proprietary hospitals are profitable, according to this report, is that they "commonly shun responsibility for emergency cases, indigent and near-indigent patients, and others for whom payment may be doubtful." It's this that leads The Modern Hospital to ask: "Are they truly hospitals?" And it leads administrators of nonprofit hospitals in the area to say things like this: "They accept no community responsibility and perform no community service, so why shouldn't they make money?"

But the report also points out that private capital has helped beat hospital shortages after community fund-raising has failed. Outside Los Angeles, for example, there was a big drive to raise the funds needed for a 100-bed nonprofit hospital. The drive failed to make its own expenses. So the badly needed hospital beds were soon provided by a series of new proprietary hospitals, many of them owned by doctors and all built with private funds.

Sc

Co

its

m

gri

ra

co

be

th

hi

su

wl

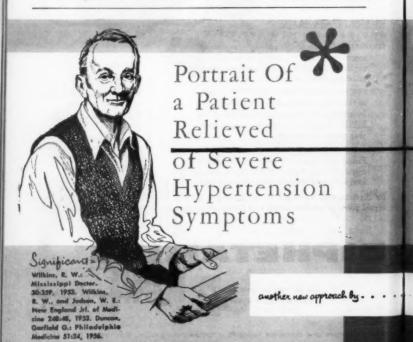
lis

ur

CO

Surcharges by Physicians Still Causing Trouble

Doctors who vary their fees according to patients' health insurance allowances are still getting into trouble with medical society grievance committees. Here's a recent



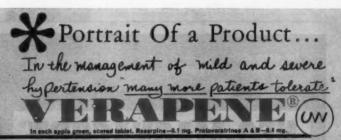
case reported by Dr. George M. Schaefer, chairman of the Queens County (N.Y.) grievance committee. It's said to be the first case of its kind in the area, but it parallels many similar cases reported by grievance committees elsewhere.

A local doctor was charged with raising his fee when an insurance company allowance turned out to be more than anticipated. It seems the doctor had told the patient that his fee would be \$75 above the insurance company's allowance—which, in the schedule he had, was listed as \$50. Thus the patient understood that the total fee would be \$125, of which the insurance company was to pay \$50.

Actually, the insurance company paid \$100. So the patient—who had already sent the doctor \$75—requested that he return \$50 to her. The doctor refused. That's when the patient brought her complaint before the society's grievance committee.

The doctor, the patient, and her husband were all called before the committee. At first, says Chairman Schaefer, all parties "remained adamant." But finally the doctor agreed to compromise and return \$25—and the patient was persuaded to accept this.

The moral? It's in Dr. Schaefer's pointed conclusion: "The doctor was advised in the future not to



SUBJECTIVE improvement is prompt and marked. Patients say they feel better.

DISTURBING SYMPTOMS such as headache, dizziness, tinnitus, disappear rapidly.

THE CHARACTERISTIC EFFECT of Protoveratrines A & B is enhanced by combining with reserpine, reducing the dosage requirements.

PATIENTS who are receiving reservine respond more favorably to veratrum alkaloids. Many more patients tolerate the two drugs in combination, as response can be produced with decage below usual limits of tolerance.

sample and literature on nequest

Wampole L A B O R A T O R I E S

Since 1872 - Henry K. Wampole & Co., Incorporated a . 440 Fairmount Ave., Philodelphia

make his fee dependent on an insurance company's allowances, but rather to quote a definite fee."

Foundation Grants Loans For Medical Set-Ups

Many a doctor who has wanted to build new medical facilities or to improve his present ones has had to give up the idea because he couldn't get the necessary financing. Now there's a new source of help for such men: the Sears-Roebuck Foundation. Over the next ten years, it expects to make more than \$2,000,000 available to U.S. physicians.

It was fifteen months ago that

the foundation set up its so-called Plan of Assistance to Physicians. Under the plan, doctors can get loans of up to \$25,000—provided they've exhausted all other loan sources and can prove that better facilities will result in better medical care for their local communities.

Since the program began, the foundation has granted thirty-six loans affecting fifty-two physicians in eighteen states. The loans have totaled about \$261,000, and they've made possible construction worth close to \$1,000,000.

The loans are designed to aid in expanding facilities in suburban and rural areas. In such places, the



For the Asthmatic



Fast Relief

Medihaler offers virtually instantaneous relief and does so with little effort and with maximum safety.

Measured-Dose True Nebulization

Delivers a measured dose of true nebular vapor...Dose is always the same regardless of strength of fingers or amount of medication in bottle.

Costs the Patient Less

Medihaler Oral Adapter is made of unbreakable plastic...no moving parts...and 200 applications in each 10 cc. bottle.

Medihaler-Epi®

Riker brand of epinephrine U.S.P. 0.5% solution in inert, nontoxic aerosol vehicle. Each ejection delivers 0.125 mg. epinephrine. In 10 cc. vial with metered-dose valve.

Indicated in acute or recurring bronchospasm. Replaces injected epinephrine in many emergency situations.

Medihaler-Iso®

Riker brand of isoproterenol HCl 0.25% solution in inert, nontoxic aerosol vehicle. Each ejection delivers 0.06 mg. isoproterenol. In 10 cc. vial with metered-dose valve. • Indicated in acute or recurring bronchospasm.

Note: First prescription should include desired medication and Medihaler Oral Adapter, supplied with pocket-sized plastic container.

The Medihaler principle

is also available in Medihaler-NitroTM (octyl nitrite) for the rapid relief of angina pectoris . . . and Medihaler-PhenTM (phenylephrine-hydrocortisone-neomycin) for lasting, effective relief of nasal congestion.

LOS ANGELES

led ns. get

led an ter di-

nihe

ix

ns

ve

ve

h

n



Answer the "wraps Answer the "wraps" problem WM-4 These efficient, wardrobe units provide large capacity in small space, mount directly on the wall. Coming in lengths of 3 ft. 2 in. or larger, by the foot, they fit in any available space. Hold 4 coats on spaced apart coat hangers and 4 hats per foot of length. Keep wraps off waiting room chairs, aired dry and "in press". Ideal for treatment rooms, and for holding gowns, etc. Built for lifetime service of heavy gauge, welded furniture steel. Beautiful in modern baked enamel finishes (choice of colors). Also a complete line of modern colors). Also a complete line of modern

wardrobe equipment for every office need.

Write for Bulletin CK-490

VOGEL-PETERSON CO. 1121 West 37th St. . Chicago 9, III.

ease the . . .

burdened heart edematous tissues distressed lungs

dubin aminophyllin

active diuretic myocardial stimulant bronchial relaxant

in bronchial asthma paroxysmal dyspnea Cheyne-Stokes respiration

tablets, ampuls, powder and suppositories

H. E. DUBIN LABORATORIES, INC. 250 East 43rd Street . New York 17, N.Y. foundation feels, the need for improved medical care is greatest. As for the type of medical set-up to which loans are being granted, the two-man partnership seems to be favored:

Of the thirty-six grants approved to date, three have gone to group practices, a few more than that to solo practitioners, and all the rest to small partnerships.

An outstanding recipient so far, however, is a group practice that's located in Fishkill, N.Y., a country town almost halfway between Manhattan and Albany. Its story supplies a good illustration of one type of project the Sears-Roebuck Foundation wants to encourage.

Just a couple of years ago, Dr. John E. Sarno and two other G.P.s were the only physicians practicing in Fishkill. Dr. Sarno felt the town needed some specialists. So, in the summer of 1955, he got together with two out-of-town doctors: Internist Joseph Davis and Radiologist Alexander W. Friedman-both of whom had been working at a veterans' hospital. The three doctors decided to establish a diagnostic clinic that could serve a wide area.

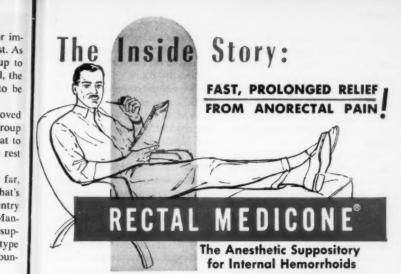
They bought a pre-Revolutionary War inn, remodeled the first floor, and moved in. To help provide their patients with full care, they persuaded several specialists from near-by towns to work at the clinic part-time.

But the three partners soon realized they needed specialists fullmi

Ethic

ME 225 V New

368 MEDICAL ECONOMICS · MARCH 1957



Since pain is not only a symptom, but a pathogenic, destructive factor as well, the primary necessity for topical anesthesia is clearly indicated.

RECTAL MEDICONE — The Anesthetic Suppository — provides prolonged relief from pain, thus enabling the patient to relax in safe comfort, maintaining better mental and physical efficiency while pursuing normal activities. The soothing, emollient properties lubricate the area permitting ease of defecation, while the active ingredients aid the inflamed tissues to retroaress to normal -

ARREST BLEEDING PROMOTE HEALING CONTRACT HEMORRHOIDAL LESIONS

millions prescribed yearly...

Ethically promoted by

MEDICONE CO.

225 Varick Street New York 14, N. Y.



far.

ntry

Iansuptype

oun-

Dr. .P.s

cing

own

the

her

In-

olo-

oth t a

oc-

OS-

ide

on-

rst -01

re. sts

he

al-

11-

time if the clinic were to be effective. That meant they needed more office space-which presented a problem: Since they'd already gone \$71,000 into the hole to buy the inn, remodel its first floor, and purchase equipment, local bankers were averse to lending them more money.

So the doctors applied to the Sears-Roebuck Foundation for a \$25,000 loan. With part of this, they explained, they'd build an elevator to the second floor and also create more office space. With the rest, they hoped to pay off a few of their many outstanding debts.

Soon an investigator for the foundation visited the clinic. He checked on the merits of the doctors' plan and forwarded their application to the foundation's Medical Advisory Board. (This is a seventeen-member body chosen by the foundation on recommendation of the A.M.A. Among its members: the President, President-elect, and Board Chairman of the A.M.A.)

The board refused to approve a \$25,000 loan, mainly on the ground that there was no pressing need for the clinic to pay off its current debts so rapidly. But it did lend the Fishkill doctors \$15,000. With this money, they installed an elevator and a physical therapy room and established offices for four more full-time specialists plus a dentist.

announcing-

the first analgesic-hypnotic

new Somina

dichloralantipyrine Nation

a new molecular complex of chloral hydrate with antipyrine for built-in pain relief

...for safer, sounder sleep without side effects or addiction

MEDICAL ECONOMICS - MARCH 1957

SEDATI

Produc of Orig The loan did more than provide better facilities and a larger staff. It also enabled the doctors to increase their patient load fourfold. Today patients are coming to Fishkill from as far away as Western Pennsylvania.

"We would have been set back five years without the Sears-Roebuck money," comments one of the men. Now, he says, there's real hope of making the clinic a major diagnostic center.

Not all recipients of Sears-Roebuck loans have goals as broad as those of the Fishkill clinic. The foundation has lent as much as \$25,000 to one project, but as little as \$1,000 to another. Only about one in four applicants actually gets his loan. But another one-third are given invaluable advice on how to borrow money from other sources or on how to reorganize their practices, says Norman H. Davis, director of the foundation's medical programs.

Such loans as are granted are made for a ten-year period. No security is required. Ordinarily, the debtor pays 6 per cent interest for three years and starts paying off the principal in the fourth year. Thereafter, he must make "pledge contributions" to the fund in place of interest payments. The total pledge required is \$240 per \$1,000 loan—to be paid off bit by bit to-



C-

p-

li-

V-

ne

of

8:

d

a

d

r

S

S

r

Continuous sleep seminat is a new molecular complex of chloral hydrate and antipyrine, giving a unique synergistic effect which increases hypnotic action (over ordinary chloral hydrate) by 35%. Sominat assures continuous sleep of a more revitalizing kind than that provided by other hypnotics.



COMFORT FROM Pain sominat exerts an analgesic effect offered by no previous hypnotic. The action of antipyrine in this complex relieves and protects the patient from the aches and pains which so often prevent sleep.



clear head in the morning in seminat, the chloral component is modified by antipyrine, which . . . "eliminates chloral gastric irritation, nausea, vomiting, disagreeable taste and odor." The danger of habituation is minimal, and the patient awakens refreshed and without "hang-over."

Rice, W.B., and McColl, J.D.: J. Am. Pharm. A. <u>45</u>:137 (Mar.) 1956.

Bosage and Administration: As HYPNOTIC: 1 to 2 tablets with full glass of water. As SEDATIVE: ½ tablet. Supplied: Tablets, 600 mg. Scored. Bottles of 100.



The National Drug Company Philadelphia 44, Pa.

ine

ief

P

n



For Patients Suffering From



Prescribe Dr. Scholl's Arch Supports in cases requiring mechanical relief from Foot Arch Trouble of any kind. The patient will be properly fitted and the Supports adjusted as the condition of the foot warrants, at no extra cost. This nation-wide service is available at many leading Shoe and Dept. Stores and at Dr. Scholl's Foot Comfort® Shops in principal cities

372 MEDICAL ECONOMICS · MARCH 1957

NEWS

gether with the principal amount of the loan.

But the foundation wants to encourage speedy repayment, so that money can continue to flow to other doctors. So its terms provide that recipients may begin payments of principal at any time-and that once they do so, they need pay no further interest. If they pay off the principal ahead of schedule, they aren't held accountable for the remaining installments on their pledges.

Actually, the interest and pledge payments are designed to swell the fund. If the foundation continues to contribute \$125,000 a year, and if debtors' payments are made on schedule, the fund should amount to \$2,200,000 by 1967. Only \$1,-250,000 of this will have been donated by the foundation.

"We like the idea of 'seed money," explains James C. Worthy, director and treasurer of the foundation. "Here indeed is a literal application of it."

Why has the foundation concerned itself with the question of medical care? Says Mr. Worthy: "The medical services available in this country are greater than any country...has ever enjoyed in world history. But these services are unevenly distributed . . . It's to establish a more fluid and evenly distributed medical professionand to do so in a free society-that Sears-Roebuck money is being loaned out to more and more doctors."

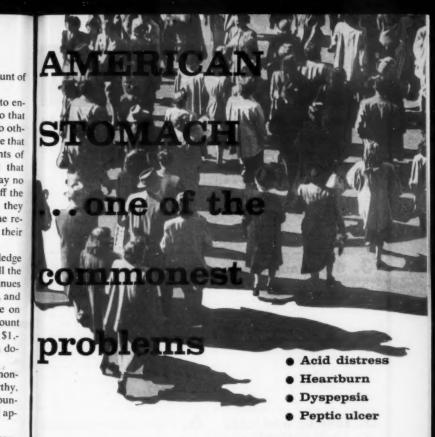
"Am

patt

offer

it fo

rebo



"American Stomach" describes the familiar gastric stress in today's pattern of excess and tension. For these hyperacid states, ALUDROX offers modern control with its balanced antacid action. Prescribe it for prompt and prolonged buffering without constipation, acid rebound, or alkalosis.

NEW-Peppermint-Flavored Suspension

TABLETS

SUSPENSION

ALUDROX

Aluminum Hydroxide with Magnesium Hydroxide



Philadelphia 1, Pa. to neutralize, not penalize

ounap-

con-

of

hy:

e in

any

in ces

to nly

hat

ing

oc-

ND

6 ways to GUARD your heart



1. See your doctor 2. Control your weight

Abbo Da Er Ib Tr Ald, W

Me Pre Battl

Becto Belm

Castl

Ciba

Tra Colw Desit

Des Diete

Dubin



3. Get enough rest



4. Keep physically fit





5. Ease up and relax 6. Fight heart disease



help your heart fund. help your heart

MEDICAL ECONOMICS 'MARCH 1957

Index of Advertisers

Abbott Laboratories		
Dayalets		12
Erythrocin	4	1, 45
Iberol	315,	317
Tronothane Ald, Inc.	60,	
Westinghouse Laundromat American Cyanamid Company		76
Folic Acid	242,	243
Ultrasonic Therapy Unit American Ferment Co., Inc.		24
Caroid & Bile Salts American Medical Education		226
Foundation	150,	264
American Telephone & Telegraph Television Show on Scientific Su	Co. bject	s 4
Ames Company, Inc. Clinitest		200
My-B-Den		234
Nostyn	****	329
Armour Laboratories		
Chymar Tussar	******	172
Arnar-Stone Laboratories	MERCHEN.	
Americaine Aerosol Aveene Corporation		324
Aveeno Colloid Baths		. 84
Ayerst Laboratories	276.	277
Mediatric Insert between	276,	277
Premarin		342
Battle & Company Bromidia		90
Rayer Co.		
Childrens' Size Aspirin Becton, Dickinson & Company		38
Ace Rubber Elastic Bandage		85
Multifit Syringe		217
Mazon Birtcher Corporation, The		266
Hyfrecator		231
Borcherdt Mait Extract Company Mait Soup Extract		86
Bristol Laboratories, Inc. Tetrex 20, 21,	224	225
Burroughs Wellcome & Co.	de co T ,	
Neosporin	******	91
Supports & Appliances Carnation Company		264
Carnation Instant		98
SpeedClave		305
Chicago Pharmacal Company Citrisan		214
Ciba Pharmaceutical Products, Inc. Nupercainal		96
Serpasil	212,	213
Serpasil-Apresoline		141
Tragentine-Phonoharbital		265
lay-Adams Company, Inc.		319
The Ayre Rotating Brush		
Professional Stationery		350
Desitin Chemical Company		
Professional Stationery		350 47
Colwell Publishing Co. Professional Stationery Desitin Chemical Company Desitin Ointment		

Dealer's Insert Regional bet. 340, 341 Physician's & Surgical Supplies

Kodak Technical Close-up Outfit86	
Eaton Laboratories	, 81
Furacin Vaginal Suppositories	54
Furadantin	229
Endo Laboratories, Inc.	- 20 00
Percodan	. 59
Esta Medical Laboratories, Inc.	
Lanteen Exquiset	279
Evron Co., Inc., The Pentritol Tempules	
Pentritol Tempules	260
Felt & Tarrant Mfg. Co.	
Comptometer Commander	93
Comptometer Commander	
Phospho-Soda	. 71
Fougera & Company, Inc., E.,	
Polysorb Hydrate	284
Geigy Chemical Co.	
Butazolidin	23
General Foods Corp.	
D-Zerta	70
Gerber Products Co.	
Special Diet Recipes	160
Green Shoe Mfg. Co.	
The StrideRite Shoe	175
Grossman Clothing Co.	00
	. 28
Hamilton Mfg. Company	
Examining Room Furniture	251
Health News Institute, The	
301, 302, 303, 4eart Fund 266, 342,	304
leart Fund 266, 342,	314
Heinz Company, H. J., Strained & Junior Vegetables	66
Ioffmann-LaRoche, Inc.	. 00
Azo Centrisin	143
Azo GantrisinInsert between 162, Lipo GantrisinInsert between 162,	163
Lino Gantrisin	72
Noludar	325
Romilar	361
rwin-Neisler & Company	
Obocell	204
imberly-Clark Corporation Cellucotton	
Professional Kleenex	35
Cinney & Company	. 00
Coactyn	169
Emetrol	168
nox Gelatine Co., Inc., Chas. B.,	
Protein Previews	191
akeside Laboratories, Inc.	
	21
ederle Laboratories Div., American	. 01
Cyanamid Co.	
Achrocidin	253
Achromycin V Insert between 244,	245
Gevral	359
Lederplex	83
Pathilon	343
	292
	215
Stresscaps	159
eeming & Co., Inc., Thos.,	
	221
	166
ever Brothers Company	907
Lifebuoy	307

ight

INDEX OF ADVERTISERS

Hydrolamins Amino Acid Ointment. Lilly & Company, Eli,	
Dolophine Hydrochloride	207
riomicebria	666
Ilotycin	6, 197
Multicebrin Sandril & Pyronil Seconal Sodium Trinsicon Ultran 48, 170, 18 V-Cillin-Sulfa Lloyd Brothers, Inc. Doxinate 240	37
Sandril c Pyronii	200
Seconal Sodium	100
Trinsicon 49 176 19	4 220
V Cillia Sulfa	905
I lovd Brothers Inc	200
Dovingto 240	50 51
Doxinate 240 Doxinate with Danthron 18	0 181
Roncovite	290
McNeil Laboratories, Inc.	
Butiserpine	315
Clistin Expectorant	139
Flexin 2	5. 151
MacGregor Instrument Company Damascus Needles in Needletainers. Massengill Company, The S. E., Massengill Powder	77
Mend Johnson	
Deca-Mulcin Natalins-PF	6
Natalins-PF	157
Vi-Sols Family	61
Vi-Sols Family Medical Economics, Inc142, 174, 18 Medical Protective Company Malpractice Insurance	3, 254
Malpractice Insurance	872
Rectal Medicone Merck Sharp & Dohme, Div. of Merck & Co., Inc.	947
Altepose	299
Co-Hydeltra & Co-Deltra	230
Cremomycin	IBC
Menrolone 356	357
Pyridium	232
Tempogen	49
Tetrazets	171
Tetrazets Merrell Company, The Wm. S., Bendectin Rontyl	60
Bendectin	68
Bentyl	IFC
Nitranitol R. S.	183
Bentyl Nitranitol R. S. Tace Minnesota Mining & Mfg. Co.	14. 90
Thermo-Fax Copying Products	377
Notional Dana Common Who	
Hesper-C	209
Hesper-C Prenatal	311
Parenzyme	275
Resion	75
Sominat 258, 259, 370 National Society for Crippled Children and Adults 216	n
New York Pharmaceutical Company	354
Nion Corporation Calcinatal	64
Nu-Lift Company, Inc. Maternity Support	352
Num Specialty Co. Thum	
Ortho Pharmaceutical Corp. Preceptin	273
Preceptin Parke Davis & Company Natabec Kapseals State Company Natabec Kapseals State Company Natabec Kapseals	1. 335
Natabec Kapseals	
	163

Pet Milk Company Evaporated Milk	63
Diver Laboratories Div of Chas Pfiver	03
& Co., Inc.	
Ataraxoid	45
ModerilInsert between 98,	99
Neo-Magnacort270, 3	66
Sigmamycin	10
	91
Physicians' Desk Reference286, 2	87
Phillips Co., The Chas. H.,	
Bayer Children's Size Aspirin	38 85
Phillips Co., The Chas. H., Bayer Children's Size Aspirin Haley's M-O Picker X-Ray Corporation Anatomatic Century X-Ray Unit	50
Anatomatic Century X-Ray Unit	67
	٠.
Neo-Polycin1	67
NovanistineInsert between 505, 5	09
Novahistine-DH3	58
Procter & Gamble Company, The Ivory Handy Pads	
Ivory Handy Pads	3C
Professional Printing Company, Inc.	-0
	56
Raytheon Manufacturing Co. Electrocardiograph1	50
Electrocardiograph 1 Resinol Chemical Co. Resinol Ointment & Soap 3 Riker Laboratories, Inc.	93
Resinol Ointment & Soan	78
Riker Laboratories, Inc.	
Medihaler3	67
Rauwidrine 3	48
Panniloid 9	55
Ritter Company, Inc., The Ritter Universal Table 2	
Ritter Universal Table2	61
Robins Co., Inc., A. H.,	07
Allbee with C	87 73
Ambar Donnagel 3	27
Pabalate (all forms) 56,	
Phenaphen or Phenaphen with	0.0
0.4-1	83
Phenaphen Plus 354, 362, 3	78
Dosnie & Co I B	
Antivert3	55
	37
Bonadoxin3	
Obron	
	82
\$114	
Royal Metal Manufacturing Co.	10
Ascriptin Tablets	62
Royal Metal Manufacturing Co.	-
Metal Furniture 2	30
Sanborn Company	
	32
Sandoz Pharmaceuticals	
Bellergal Spacetabs 22, 20	52
Schering Corporation	2.4
Metiderm Cream & Ointment33,	54
Metiderm Cream & Ointment 33, 3 Sigmagen Tablets 154, 14 Scholl Mfg. Co., Inc., The	10
Arch Supports	79
Arch Supports	- 60
Dramamine1	94
Metamucil	
	47
Shield Laboratories	
Riasol	15
Smith, Kline & French Laboratories	
Compazine2	
Dexamyl2	63
Drilitol	8
EXVIIII	-

ac

yo dry cop bil rea ful

New method saves time in billing...



NEW MACHINE COPIES OFFICE ACCOUNT CARDS IN JUST 4 SECONDS . . . LETS YOU SEND PATIENTS ITEM-ZED STATEMENTS MADE FOR LESS THAN 3¢ EACH.

Simple process lets you send exact copies of your account cards ... ends the question, "What's this for?"

Your patients never wonder about a bill when it's itemized for them. And now you can send itemized statements made in just 4 seconds. By its exclusive dry process, the All-Electric THERMO-FAX "Secretary" Copying Machine copies your account cards in one 4-second step . . . and the copy becomes the bill! No chemicals, no negatives are needed. Copies are exact... no proof reading necessary. Cost per copy less than 3¢. Send coupon below now for full details on this new way to save time in billing.





The terms THERMO-FAX and SECRETARY are trademarks of Minnesota Mining & Mfg. Co., St. Paul 6, Minn. General Export: 99 Park Avenue, New York 16, N. Y. In Canada: P. O. Box 757, London, Ontario.

Minnesota Mining & M Dept. KX-37, St. Pau		ompany	
Send full details on the A	II-Electric THERN	O-FAX Copyin	g Machine.
Name			
Name	1		-

MEDICAL ECONOMICS ' MARCH 1957

BERS

...185

. 67

167 8, 309

358

261

87 73

327

6, 57

, 283

, 378

4 355

...337

. 32

262





When Ointment Medication is Indicated In the Treatment of Pruritys

You can prescribe Resinol with confidence. Its well known ingredients in lanolin—its unvarying quality—the success attending its use for 60 years, have won the approval of physicians.

May we send you a professional sample? Write Resinol ME-36, Baltimore 1, Md.

RESINOL OINTMENT



INDEX OF ADVERTISERS

the

bro

an'

SUS

Eskaserp Spansule	156
The state of the s	295
Pragmatar)	Insert
Paredrine-Sulfathiazole	between
Suspansion	348, 349
Sul-Spansion ,	379
Thorazine29	322, 323
Trophite	271
Smith Co., Martin H.,	
Expasmus	280
Smith, Corona, Inc. Smith-Corona Pacemaker	13
Spancer Industries	Signs 378
Illuminated Reflecting Lettered Squibb & Sons, E. R., (Div. of Ol Mathieson Chem. Corp.)	in-
Engran Term-Pak	97
Florinef-S Lotion Ointment	149
Mysteclin	88, 89
Noctec	281
Pentids	235
Raudixin	353
Sumycin	26, 27
	267
Theragran Co. P. I	201
Strasenburg Co., R. J., Biphetamine	363
Tampax Incorporated	
Tampax	
U. S. Vitamin Corporation	990 991
Bivam	330, 331
Upjohn Company, The Panmycin Phosphate	. 69
Vogel-Peterson Company	
Checker Wall Mounted Rack	368
	000
Walker Laboratories, Inc.	
Precalcin Lactate	349
Wallace Laboratories, Div. of Car Products, Inc.	
Miltown Insert betw	
	een 66, 67
Wampole & Company, Inc., Henry	y K.,
Organidin	y K.,
Organidin Vastran	y K., 82 32, 53
Organidin Vastran Verapene	y K.,
Organidin Vastran Verapene	y K., 82 32, 53
Organidin Vastran Verapene Warner-Chilcott Laboratories	y K., 82 32, 53
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral	y K., 82 32, 53 364, 365
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito	82 82, 53 364, 365 142 ries 250
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil	% K., 82, 53 364, 365 142 ries 250 312
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate	y K., 82 52, 53 364, 365 142 ries 250 312 65
Organidin Vastran Verapene Marner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid	82 82, 53 364, 365 364, 365 250 312 65 333
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel	9 K., 82
Organidin Vastran Verapene Marner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral	y K., 82 52, 53 364, 365 142 ries 250 312 65 333 92 297
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporation	y K., 82 52, 53 364, 365 142 ries 250 312 65 333 92 297
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray	y K.,
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Diaflex	y K., 82 52, 53 364, 365 142 ries 250 312 65 333 92 297
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Diaflex Westwood Pharmaceuticals	y K., 82 52, 53 364, 365 142 ries 250 312 65 333 92 297
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Diaflex Westwood Pharmaceuticals	y K.,
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Diaflex	y K., 82 52, 53 364, 365 142 ries 250 312 65 333 92 297 145
Organidin Vastran Verapene Angoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Storisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Diaflex Westwood Pharmaceuticals Fostex Cream/Cake	y K., 82 52, 53 364, 365 142 ries 250 312 65 333 92 297
Organidin Vastran Verapene Marer-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Diaflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort	y K., 82 52, 53 364, 365 142 ries 250 65 333 92 297 145 58
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Diaflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs	y K., 82 52, 53 364, 365 142 ries 250 312 65 333 92 297 145
Organidin Vastran Verapene Marner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporation X-Ray Div. Medical X-Ray Diaflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofor Moi-Iron Gestatabs Mitchall Pharmacal Company	9 K., 82 52, 53 364, 365, 53 364, 365 142 250 312 65 333 92 297 145 58 74 40, 41
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Diaflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitehall Pharmacal Company Anacin	y K., 82 52, 53 364, 365 142 765 312 65 333 92 297 145 58 74 40, 41 188, 189
Organidin Vastran Verapene Marer-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporation X-Ray Div. Medical X-Ray Diaflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofor Mol-Iron Gestatabs Mitchall Pharmacal Company Anacin BisoDol Mints	9 K., 82 52, 53 364, 365, 53 364, 365 142 250 312 65 333 92 297 145 58 74 40, 41
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Dinflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitchall Pharmacal Company Anacin BiSoDol Mints Winthrop Laboratories, Inc.	y K.,
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatiox X-Ray Diaflex Weatwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitehall Pharmacal Company Annein BisoDol Mints Winthrop Laboratories, Inc. APC with Demerol	y K., 82
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporation X-Ray Div. Medical X-Ray Dinflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitchall Pharmacal Company Anacin BiSoDol Mints Winthrop Laboratories, Inc. APC with Demerol OPH-Eye Drops	y K., 82
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Diaflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitehall Pharmacal Company Annein BisoDol Mints Winthrop Laboratories, Inc. APC with Demerol OPH-Eye Drops Wyeth Laboratories	y K., 82 52, 53 364, 364 364, 364 364, 365 142 ries 250 65 333 23 207 145 58 74 40, 41 188, 249 244 158 300
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporation X-Ray Div. Medical X-Ray Diaffex Westwood Pharmaceuticals Fostex Crenm/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitehall Pharmacal Company Anacin BiSoDol Mints Whitchall Pharmacal Company Anacin BiSoDol Mints Winthrop Laboratories, Inc. APC with Demerol OPH-Eye Drops Wyeth Laboratories Aludrox	y K.,
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Diaflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitehall Pharmacal Company Annein BisoDol Mints Winthrop Laboratories, Inc. APC with Demerol OPH-Eye Drops Wyeth Laboratories	y K., 82 52, 53 364, 365 144 27ies 250 65 333 333 333 29 297 145 58 40, 41 158, 244 158 200 373 46, 555
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporation X-Ray Div. Medical X-Ray Dinflex Westwood Pharmaceuticals Fostex Crenm/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitehall Pharmacal Company Anacin BiSoDoi Mints Whitchall Pharmacal Company Anacin BiSoDoi Mints Winthrop Laboratories, Inc. APC with Demerol OPH-Eye Drops Wyeth Laboratories Aludrox Amphojel Equantil	y K.,
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporation X-Ray Div. Medical X-Ray Dinflex Westwood Pharmaceuticals Fostex Crenm/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitehall Pharmacal Company Anacin BiSoDoi Mints Whitchall Pharmacal Company Anacin BiSoDoi Mints Winthrop Laboratories, Inc. APC with Demerol OPH-Eye Drops Wyeth Laboratories Aludrox Amphojel Equantil	y K., 82 52, 53 364, 365 144 27ies 250 65 333 333 333 29 297 145 58 40, 41 158, 244 158 200 373 46, 555
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Disflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitehall Pharmacal Company Anacin BiSoDol Mints Winthrop Laboratories, Inc. APC with Demerol OPH-Eye Drops Wyeth Laboratories Aludrox Amphojel Equanil Pen. Vee. Cidin	y K., 82, 53, 53 364, 365 142 ries 250 52, 53 333, 333, 333 333, 333, 333 34 145 58 74 40, 41 188, 189 244 158 300 373 46, 55 2 178
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporation X-Ray Div. Medical X-Ray Disflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitehall Pharmacal Company Annacin BiSoDol Mints Whitchall Pharmacal Company Annacin BiSoDol Mints Winthrop Laboratories, Inc. APC with Demerol OPH-Eye Drops Wyeth Laboratories Aludrox Amphojel Equanii Pen.Vee.Cidin Phenergan Expectorant	y K., 82, 53, 53 364, 365 142 ries 250 143, 312 65 313, 32 207 145 58 40, 41 188, 189 244 158, 300 373 46, 55 2178
Organidin Vastran Verapene Warner-Chileott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporatio X-Ray Div. Medical X-Ray Diaflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitehall Pharmacal Company Anacin BiSoDol Mints Winthrop Laboratories, Inc. APC with Demerol OPH-Eye Drops Wyeth Laboratories Aludrox Amphojel Equanil Pen. Vee. Cidin Phenergan Expectorant Sulfose	y K., 82, 53, 53 364, 365 142 ries 250 52, 53 333, 333, 333 333, 333, 333 34 145 58 74 40, 41 188, 189 244 158 300 373 46, 55 2 178
Organidin Vastran Verapene Warner-Chilcott Laboratories Agoral Anusol Hemorrhoidal Supposito Gelusil Peritrate Proloid Sterisil Vaginal Gel Tedral Westinghouse Electric Corporation X-Ray Div. Medical X-Ray Disflex Westwood Pharmaceuticals Fostex Cream/Cake White Laboratories, Inc. Lactofort Mol-Iron Gestatabs Whitehall Pharmacal Company Annacin BiSoDol Mints Whitchall Pharmacal Company Annacin BiSoDol Mints Winthrop Laboratories, Inc. APC with Demerol OPH-Eye Drops Wyeth Laboratories Aludrox Amphojel Equanii Pen.Vee.Cidin Phenergan Expectorant	y K., 82, 53, 53 364, 365 142 ries 250 143, 312 65 313, 32 207 145 58 40, 41 188, 189 244 158, 300 373 46, 55 2178



You can be sure your patient is getting optimum antibacterial protection around-the-clock with 'Sul-Spansion', the outstanding new sulfonamide in sustained release liquid form.

Just one dose in the morning and one dose at bedtime maintains therapeutic blood levels (8-15 mg.%) uninterruptedly throughout the day and night... and it's delicious!

made only by Smith, Kline & French Laboratories, Philadelphia

first X in sustained release oral medication

*Trademark

RS

156 295 nsert etween

235

26, 27 267

66, 67

. 82 , 53 365

92

145

0, 41

244

300

378

. 55

178 351 187

346

Memo

FROM THE PUBLISHER

Award Winners

Some of the most valuable writing in our field stems from doctors who don't envision themselves as writers. I made that statement last fall in announcing the 1956 MEDICAL ECONOMICS Awards. And now there's new evidence to prove it:

Ten physicians have been declared the winners of the abovementioned awards. Not one is widely known as a writer. Yet each has distilled something valuable out of his medical experiences and has put it into words that will help almost any doctor like yourself.

Have you ever thought about putting your practice on a prepaid basis, with regular patients paying you a fixed annual fee? Dr. I. Jay Schiff has practiced this way for years. What he's learned (see page 104) opens new economic vistas for internists, pediatricians, and G.P.s especially.

Have you ever looked for a better place to practice? Dr. James E. Bowes visited 120 cities in search of the ideal location. His methods, his findings, his surprise final selection will be featured in next month's issue.

Have you ever brooded over a medical mistake? Or let fear of a lawsuit warp your treatments? Or let dull medical meetings waste your time? For help on these problems, ranging from the philosophical to the purely practical, read this month's articles by Drs. Don Branham, Harry F. Dietrichs and James Basil Hall.

Dr. William S. Haubrich won his award by analyzing current job opportunities for doctors. Dr. Jacques Grunblatt did it by analyzing "the toughest kind of practice today." Other winners simply contributed good ideas—Dr. Irving L. Breakstone on partnership practice, Dr. F. J. Martell on prescription writing, Dr. William B. Schafer on medical-office lending libraries.

Look for these contributions soon. And if they give you ideas, look for an announcement of our 1957 awards.—LANSING CHAPMAN

1674A

hods, seleconth's

on his copectures "the day." outed reak-, Dr. writr on s. tions deas.

MAN

XUM

Memo

FROM THE PUBLISHER

Award Winners

Some of the most valuable writing in our field stems from doctors who don't envision themselves as writers. I made that statement last fall in announcing the 1956 MEDICAL ECONOMICS Awards. And now there's new evidence to prove it:

Ten physicians have been declared the winners of the abovementioned awards. Not one is widely known as a writer. Yet each has distilled something valuable out of his medical experiences and has put it into words that will help almost any doctor like yourself.

Have you ever thought about putting your practice on a prepaid basis, with regular patients paying you a fixed annual fee? Dr. I. Jay Schiff has practiced this way for years. What he's learned (see page 104) opens new economic vistas for internists, pediatricians, and G.P.s especially.

Have you ever looked for a better place to practice? Dr. James E. Bowes visited 120 cities in search of the ideal location. His methods, his findings, his surprise final selection will be featured in next month's issue.

Have you ever brooded over a medical mistake? Or let fear of a lawsuit warp your treatments? Or let dull medical meetings waste your time? For help on these problems, ranging from the philosophical to the purely practical read this month's articles by Drs. Don Branham, Harry F. Dietrich, and James Basil Hall.

Dr. William S. Haubrich won his award by analyzing current job opportunities for doctors. Dr. Jacques Grunblatt did it by analyzing "the toughest kind of practice today." Other winners simply contributed good ideas—Dr. Irving L. Breakstone on partnership practice, Dr. F. J. Martell on prescription writing, Dr. William B. Schafer on medical-office lending libraries.

Look for these contributions soon. And if they give you ideas, look for an announcement of our 1957 awards.—LANSING CHAPMAN

1674 A

hods, seleconth's

over a of a s? Or waste probsophiread Don , and

on his
b opcques
g "the
day."
buted
freakc, Dr.
writer on

es. itions ideas, f our